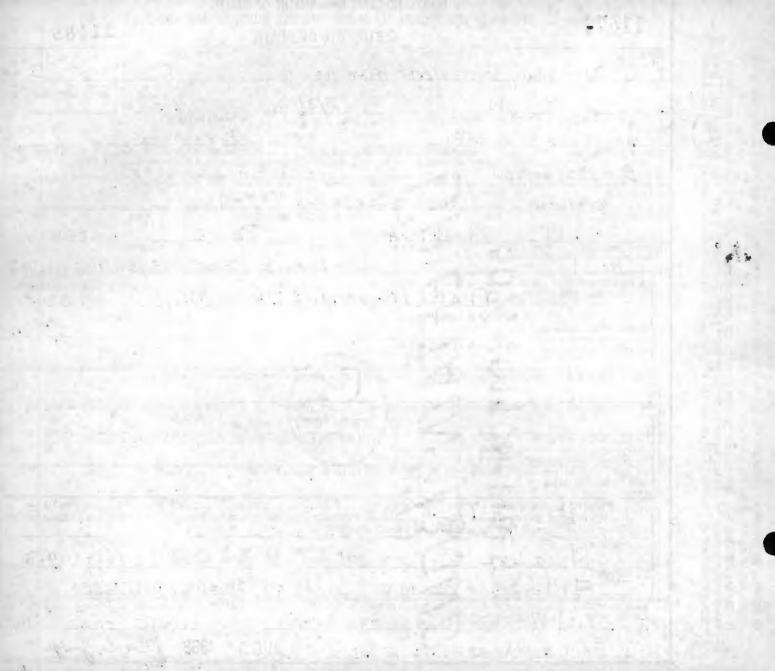


MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11476 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECFASED-NAME First Middle Lost 2b. HOUR death. (Type of print) Month CAR SAMUEL BARRICK S. DATE OF BIRTH IF UNDER 1 YEAR within 24 hours after 3. SEX 4 RACE 6. AGE (In years last birthday) MONTHS DAYS MOVIES YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED ST NEVER MARRIED 7o. BIRTHPLACE (State or foreign burial-transit permit. Then please rėmove corbon papers. F burial, crematian, or removal, and in any event, within 72 hau 5 WIDOWED FREDERICK DIVORCED [completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address? during mast af warking life, even if retired.) OFFICIAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed 13b. COUNTY YES TX NO TT 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle SAMUEL requires that the death certificate 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If was give war or dates of service) Yes, no. or unknown) ALICE BARRICK WOODSBORD APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any/which gave) signed by the buriol-tronsit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. 4) [PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been use os the Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [ifter this certificate be detoched for us 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED City or Town County State While Not while O FUNERAL DIRECTOR: After this at wark of wark 220. I certify that (I) (this hospital) attended the deceased from. 1966 to 8/18 . 19 68 , that (1) (we) lost sow the deceased glive on 19 5, and that in (my) (our) opinion death occurred on the date and hour and from the pluods be retained couses stated above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR mu PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) WALKERSYILLE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) 230. BURIAL CREMATION FREDERICK 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV. 1/68





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME F rst M-ddte 20 DATE KNOWN Month Doy Yeor 26 HOUR (Type or Print) ESTI-Charles Melvin Poge Bierlev DEATH MATED TX Aug. 18-168 5 ? M 35 AGE (In years IF LADER I YEAR IE HNDER 24 HRS 3 SFX 4 RAEF S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR PM3 Month Aug . Oct. 8-1906 Yeor 10 68 Male White DeM 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDIK 9 COUNTY OF DEATH form De country) Frederick U.S.A. WIDOWED [DIVORCED [Pages Md. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR during most of working life, even if retired) | | Gov't. Frederick 6th St. 130 USUAL RESIDENCE (Where deceased lived it institution. Residence before 13c CITY OR TOWN +3d, INSTDE CITY LAMITS? 13e STREET AND NUMBER odmission) STATE Md. 13b COUNTY Frederick Frederick 250 E. 6th. St. YES SC NO [ofter lond 14 FATHERS NAME Middle lost IS MOTHER'S MAIDEN NAME First Middle pencil in Item Annie Wachter Charles E. Bierley Sarah hours poges 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no. or unknown) Wm. H.Bierley-615 Wilson Pl.-Frederick.Md. 214-10-2759 Wwar File . ⊑ APPROX MATE (MTERVAL within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY FAILURE pending ONGESTIVE IMMEDIATE CAUSE (n) event DUE TO, OR AS A CONSEQUENCE OF terio scleratic Heart Disease Conditions, if any, which gove rise to immediate couse (a). word should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ writing the gud PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 0 removol CERTIFICATION nsed 19o. DATE OF OPERATION 195, CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES T NO TO pe 0 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion. CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE D 22a. I certify that I took charge of the remains described above, held an Autonsy Inspection X Inquiry [and in my opinion death resulted from: Natural couses X. Accident ... retained Suicide Hamicide Undetermined manner please CHIEF MEDICAL EXAMINER **ACTUAL** moy be re 226. DATE SIGNED ASS STANT MEDICAL EXAMINER Aug. 19-1968 DEPUTY MED CAL EXAMINER NAME (Type) ROBERT R.R. ROBERTS MD ADDRESS(Street, city, town, or county) the 50 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Aug. 20-1968 Mt.Olivet Cemetery Frederick Frederick Md. 250 RECTORY REG STRARS SIGNATURE & Son Frederick, Md.21701 VR A15ME (5) DATE 10M REV 1/68

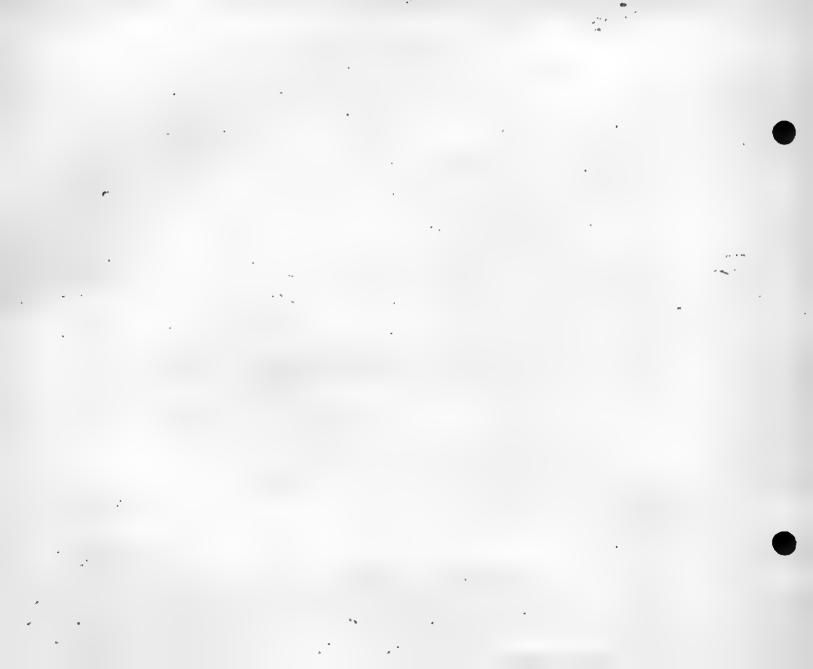


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	G PHYSIC the hospit r this certification detoched te Dept. of			at wark — at wark —
	be Stat			22a. I certify that (I) (this hospital) attended the deceased fram \$\frac{31}{66}, 19, ta \frac{8}{31}\frac{66}{66}, 19, that (I) (we) last saw the deceased alive on \frac{31}{66}, 19, and that in (my) (out) opinion death accurred an the date and hour and fram the
_	R: A			causes stated abave, (I) (we) (did) (did nat) view the bady after death.
	R ATTEN retained RECTOR: / 3 should with the			22/c DATE SIGNED
	OR OR IRE			() (lusting leave). DEGREE PHYS MED. STAFF 9/1/68
	AL D	,		22d. PHYSICIAN'S NAME (Type)
	ERA ERA d be	- 1		NAME (Type)
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	VR A15	1	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. RECUSTRARS SIGNATURE.
	30M REV 1	/68		of C. Barter Uh Observing my DATESFP 4 1968 Charles Judge

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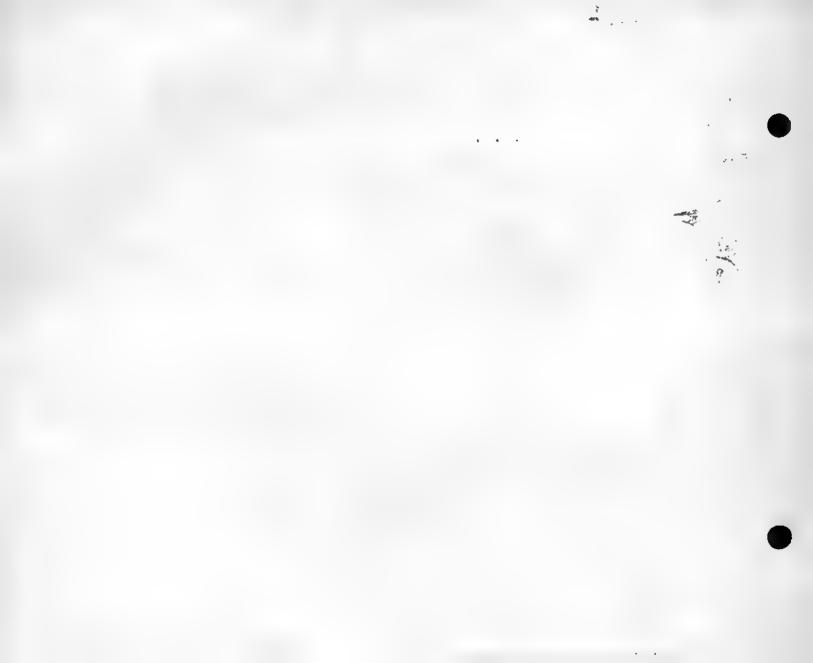
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country)	Œ (Stote or foreign Virginia	75. CITIZEN OF WHA		B. MARRIED [] N WIDOWED []	DIVORCED		unty of death Frederi		·	Md.
Fre	own of DEATH derick	alie Fi		emori	al d	20. USUAL OCC luring most of	WOOD NOTIFE STATE	work done	126 KIND OF E INDUSTRY	BUSINESS OR
130 USUAL F odmission)	ESIDENCE (Where deceo	ed lived, if institution 13b COUNTY H	n. Residence before rederick	isc city or tow Knoxv	/N 13d IN 111¢ YES	ISIDE CITA FIWIEZS	13B STREET AND	NUMBER		
14. FATHER'S	NAME First William	Middle	lost Cooper	IS. MO	THER'S MAIDEN		Ellen	Middle	Fallo	Lost
160 WAS DE Yes, no, a		con no doba a of summed	166. SOCIAL SECURITY NO 220-09-7			realin	e Phil	Address		ore, IId
Condition rise tall stating last.	JSE OF DEATH (Enter on RT 1. DEATH WAS CAUSE IMMEDI. Cons, if any, which gave immediate cause (a), the underlying cause OTHER SIGNIFICANT CO	DUE TO, OR AS (c) DUE TO, OR AS	A CONSEQUENCE OF	RELATED TO THE	trotal mg	EASE OR CONDIT	of dead	fortal		SET AND DEATH
X SHE			H OPERATION WAS PERF		20a. AUTOPSY? YES 🔲	NO 🗌	CAUSES OF DEAT	'H?	ONSIDERED IN CE	RTIFYING
를 (If eith	CIDENT WAS UNDERLYIF HTRIBUTING CAJSE OF DEA HT, notify medico! exomi BURY OCCURRED 21e.	HOUR A.M. ner) P.M.	INJURY Month Day Year 19 At Home, Farm, Street Facto OFFICE BUILDING, ETC,				e of injury in Part		County	Stote Stote
22a. I	(10) WHILE	is haspitol) atter	oded the deceosed	fram	0 - 30 ot in (my) (d th.			d on the do	that , that ote ond hour o	(I) (we) lost and from the
22d. P	TYSICIAN'S AME (Type)	Rex		DEGREE	ATTENDING PHYS 22e. ADDRESS		derida		8-31-	
	YPPRESIAN J	DATE /2/68	23c NAME OF CI	ed Cem	stery		LOCATION (City of Thoxy)	1.1.0	(County)	(Stote)
240 FUNERA	- LINKYLLISK	2/m	runsWick	s but .		. REC'D BY REG TE SEP	3 1968	REGISTRAR'S	was fee	age.





1		44200	DIVISION OF	F VITAL RECORDS	, 301 W. PRESTON STI		ORE, MARYLAND 212	201	
•		11000			CERTIFICATE OF			1149	18
n by ye timeral rs. Peggser dag 2 havrs afterdeath.	1. DE	CEASED-NAME First		Middle	Lost	1	20. DATE OF DEATH		2b. HOUR
9	(1	ype ar print) The	in .	May	Danson		August	31 1968	AP M
	3. SE		4 RACE		S. DATE OF BI	IRTH	6. AGE (In year lost birthday)		IF UNDER 24 HRS.
		Mensle	Neg	M.O.	6-4-1	917	ost birthday)	YRS. DAYS	HOURS MIN.
	7o. 8	IRTHPLACE (Stote of foreign	7b. CITIZEN OF W	VHAT COUNTRY?	8. MARRIED NEVER MAR		COUNTY OF DEATH	(110)	+
	coun	try)	U.S.A		WIDOWED DIVO	RCED	Frederick		Md.
	10.0	ITY OR TOWN OF DEATH	خامماندهاا دارا∵	I NO INTERPRETATION TO SMAN	NSTITUTION (If nat in haspital	12g JISHAL O	CCHPATION / Kind of work	done 12h KIND O	F BUSINESS OR
+			give	street address)		during mast	of working life even if ret	YSTZLICHE (band	
	130	rederick USUAL RES.DENCE (Where deceas	ad load of institu	rederick	Memorial	13d INSIDE CITY LIMITS	ol mainten 13e STREET AND NUMB	ance ***	36.38.38.
		ssian) STATE	13b COUNTY	les - de sed et	Adenstown	YES X NO	1		
	14 6	ATHER'S NAME First	Middle	Lost	IC MOTHED'S W	AIDEN NAME First	Adamsto	idle	Last
	19 1	ATHER 2 NAME FIRST	-						
	37	WAS DECEASED EVER IN U.S. ARM	Jay.	166 SOCIAL SECURIT	YNO 17 INFORMANT	Goldie	NHN Add	Preste	r
		es, no, or unknown) (If yes give in	vor or dates of service)						
	H				9351 Ina Pr	COSTOL	AGRESTONA	APPOOL	MATE INTERVAL
		18 CAUSE OF DEATH (Foter on	y one couse per	line for (a), (b), and (:))	n	v .	BETWEEN	ONSET AND DEATH
	Ш	PART I. DEATH WAS CAUSED IMMEDIA	ATE CAUSE (a)	Corner	norma 1	Light	Breun	14	eler_
	П	1/4 X		AS A CONSEQUENCE O	F		,		
		Conditions, if only, which gave a	(b)			windth Tel			
		stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE O	F				
	Ш	last.	(c)				· · · · · · · · · · · · · · · · · · ·		
		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE OR CON	DITION GIVEN IN PART 1(0)		
		11,7							
u.	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS I			20b IF YES, WERE FIND CAUSES OF DEATH?	DINGS CONSIDERED IN	CERTIFYING
X					YES				
		21a ACCIDENT WAS UNDERLYING	G 216 TIME (HOUR A.M			CURRED (Enter no	iture of injury in Part 1 or F	Part 2, Item 18.)	
	MEDICAL	or contributing cause of DEA! (If either, natify medical exomi	ner) PM		19				
	ME	21d INJURY OCCURRED 21e.	PLACE OF INJURY	AT HOME, FARM STREET,	ACTORY.) 21 F. LOCATION Street	et ar R.F.D. Na.	City or Town	Caunty	State
		at work at wark							
		22a. I certify that (I) (the sow the deceased a	is haspital) at	tended the decea	sed from a - 28	, 1961	-, ta 431	., 19 6 L, tho	t (1) (we) last
		sow the deceosed a causes stated above	ive on	- 7 /	19 C and that in (m	ıy) (our) opinic	on deoth occurred an i	the date and haur	and from the
			s, (i) (we) (ala) (uid flot) view th	e bady after death.			22c DATE SIGNED	
		22b_SIGNATURE	0	7	DEGREE PHYS	NG MED.	STAFF I	C - 2	14
		201 DUVELLAND	rs	and	DEGREE PHYS 22e. ADD	DIRE	CTOR LJ PHYS LJ	10 31	
1		22d. PHYSIC AN S NAME (Type)	0410	SA	SNF 200. ADL	. 7	Reclarite	· Les D	
	-	DUDIA (DEM.TIO)	~ ~ ~ C	199. 4441.	CONTINUE OF CHINADAY		23d LOCATION (City or Town	1 1/2	(State)
1	230.	BURIAL, (REMATION, REMOVAL (Specify) 9-		1	F CEMETERY OR CREMATORY		, ,	, , , , ,	(State)
1	24	Burial 9-	4-1968	Fair ADDRE		2Sa RECD BY R	Frederick EGISTRAR 25b REQU	STRAR'S S GNATURE	Md
γ.			•			DATSEP	4 1968	liarles Jon	444
T	C	.E. Hicks, 11	1 Free	derick, M	<u> </u>	DAIDL	- 1004		9

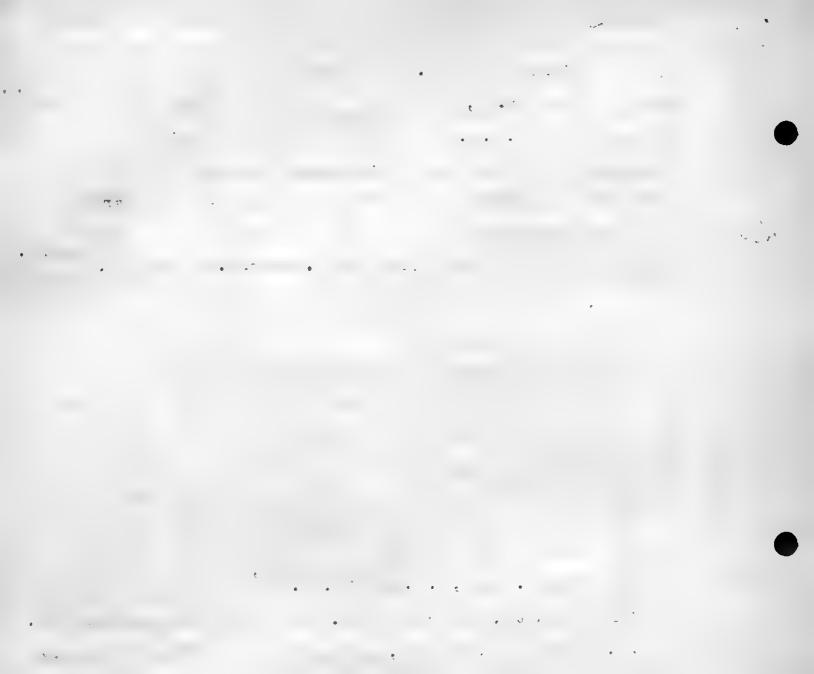


MAKTLAND SIAIE DEPAKIMENI OF BEALIN





1 1	11495 DIVISI	ON OF VITAL RECORDS, 301 W.	TE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE,	MARYLAND 21201	11501
/	Tr.	em 2 MEDICAL EXAMIN	ER'S CERTIFICATE OF DE	ATH	2 1 1 D L
1	DECEASED-NAME FI (Type or Print) Viol	rst Midde	Lost Easton	20 DATE KNOWN Month OF ESTI- DEATH MATED S	Day Year 2b, HOUR 13 19 68 M
3.	SEX 4. RACE	S. DATE OF BIRTH 6. /	GE (In yours IF UNDER 1 YEAR IF UNDER 151 HOURS 151 HOURS	24 HRS. 2c. DATE PRONOUNCED DEAD	2d ± QVB
	emale White		PRI AND INC.	August 13	Yeor 19 68 5:30
	. B-RTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
€Q1	Maryland	U. S. A.	WIDOWED DIVORCED	Frederick	Md.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in haspital 12a L	SUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
	Frederick	Frederick Me	emorial Hospital H	most of working life, even if retired.)	INDUSIKI
130		osed lived, if institution: Residence befo		THE STREET THE (TOPINGER	
	owared 1, after	Frederick	Frederick YES X	7 44 7 7 7 7 7	
14.	FATHER S NAME First	Middle Los		First Middle	Lost
-		is Fischer	Vio		Wright
160	x. WAS DECEASED EVER IN U.S. ARME (Yes, ng.,or unknown) (If yes g	favor or dates of service			rederick,Md.
-	No	1220 09 73		n.Jr.715 Motter Av	
	18. CAUSE OF DEATH (Enter	only ane couse per line for (o), (b), and (SED BY	1)	1.000.00.000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEI	DIATE CAUSE (0)	E HEPATIC I	VECROSIS	
	2 /0 X	DUE TO, OR AS A CONSEQUENCE	OF .		
	rse to immediate cause (a),	(b)			
	stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE	OF .		
	lost.	, (c)			<u> </u>
	PART 2 OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
NO	19g. DATE OF OPERATION	195 CONDITION FOR	WHICH OPERATION		20. AUTOPSY?
CERTIFICATION	True brite of oreits in the	WAS PERFORME			YES ST NO
CERT	2 a EXTERNAL CAUSE WAS	216 TIME OF INJURY Month, Doy, Y	egr 21c. HOW INJURY OCCURRED (Fr	of injury in Part 1 or Part 2, It	
CAL	PRIMARY OR CONTRIBUTING	HOUR A.M.			
MEDICAL		PLACE OF INJURY (At home, form, street		City or Tawn	Caunty State
	WHILE NOT WHILE THE AT WORK TO	factory, affice building, etc.)		,	
		tank charge of the remains descri	bed abave, held an Autopsy	Inspection , Inquiry	, and in my apinian
	death resulted fram:				-
	dedili lesopes fidin:	Accide			
	ACTUAL / 9	J. T. A.	CHIEF MEDICAL	EXAMINER 225 DATE	SIGNED
	SIGNATURE - 1	To some	812 Toll Housest And	IL FYAMINER	3/ma 68
	EXAMINER'S NAME (Type) Rober	t J. Thomas, M. D.	Frederick, Markets (Street	, c'ty, town, or county)	
23			IF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify)	gust16, 1968 Frede		Frederick Freder	
24	. FUNERAL DIRECTOR	Brushi ADE	RESS - ZSO REC'	D BY REGISTRAR 25b REGISTRAR S	
	M. R. Etchis	on & Son. Frederic	L Montel and DATE A	116 1 6 1988 vices	rela. Úmero



		44102			D STATE DI						
		11494	DIVISION O					ORE, MARYLAND 21	201	(150	1 = 7
					CERTIFICA				-4	-100	
		CEASED NAME FI	rst	Middle	-	Lost		20. DATE OF DEATH Month	Day	Year ,	2b Hour
	2.51	-1917		word	FAG	6/5	7(1)	1-149	Ors I IF JNDE	8600	
	3. SE	x Male	4. RACE	ite		DATE OF BIR		6. AGE (In yellost birthday	ors IF JNUE		HOURS MIN
	70 [BIRTHPLACE (Stote or foreign	7b CITIZEN OF V		1.			COUNTY OF DEATH	YRS.		
	(QUI		U.S		8 MARRIED XX	NEVER MARR	TIED	Frederick	de Ja		Md
fre fre	10 (Trederick	give	vame of Hospital or in street oddress) Frederick	STITUTION (If not i	n hospital	120 USUAL (during most Retir	OCCUPATION (Kind of work of working fe, even if re	dane 12b. tired IND	KIND OF BU USTRY	SINESS OR
	13a	USUAL RESIDENCE (Where dec	eosed lived, if institu	ition Residence before	13c, CITY OR TO	WN 1	3d. INSIDE CITY LIM TS	S? 13e. STREET AND NUM	BER		
	<u></u>	Md.		Frederick		TG	AEZ NO-E		ip- 217	758	
	14 F	'ATHER'S NAME First	Middle	Last	IS. N	OTHERS MAI	DEN NAME First		ddle		Last
	L		t availab				Not	available			
	16a. Y	WAS DECEASED EVER IN U.S. (If you go IV O	ARMED FORCES? verwar or dates of service)	16b. SOCIAL SECURITY			Da a	- 14	dress	266	
		No		220-09-80	b/ mrs.	GLen	n reary	- Jefferson-	Ma - 21	(ウラ Image	T CONTROL
		NB. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI		ine for (a), (b), and (c)	.)	-		_	-	BETWEEN ONSE	T AND DEATH
			EDIATE CAUSE (o)	Bihas	ولا تداكم	env	· Ui)	come unice		142	24- 7
		16001	· ·	AS A CONSEQUENCE OF						-92	
	Н	Conditions, if any, which gar rise to immediate cause (c									
		stoting the underlying cou		AS A CONSEQUENCE OF							
		last.	(c)								
	L	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO T	ie terminal	DISEASE OR CON	IDITION GIVEN IN PART 1(0)			
	l ×										
	Ē	19a DATE OF OPERATION	9b. CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTOP		206 IF YES, WERE FIN	DINGS CONSIDER	RED IN CERT	TIFYING
-	CERTIFICATION					YES 🗀	NO 💽				
	T CE	21a. ACCIDENT WAS UNDER!				INJURY OCCU	JRRED (Enter no	oture of injury in Port 1 or	Part 2, Item 18)	
	MEDICAL	(If either, natify medical exc	miner) P.M	1	9						
	ME	21d. INJURY OCCURRED 2 While Not while		(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f LOCA	TION Street	or R F.D. Na.	City or Town	Coun	itγ	State
		22a. I certify that (I)	(this benefital) at	tandad the decad	ad from may	-77	10 (X	, ta & 23	10 / 1-	that (I) (wa) last
		saw the deceased	(inis naspirari) ai Lalive an	rended the deceds	ea Halli	hot in Imy	, 1724). () (aur) apini	an death accurred an	the date and	a haur ar	nd from the
	1	causes stated abo	ove, (I) (we) (did) (did nat) view the	bady after de	ith.	/ (001/ opini	411 400111 01101104 011	ino doto din	5 11401 011	io irain ino
		22b. SIGNATURE				ATTENDIAN	0.244	27aT2	22c. DATE SI	GNED	
		John	man E	Show	DEGREE	PHYS	DIRE). ECTOR PHYS. 🗆	15	25-8	8
		22d PHYSICIAN'S		0	÷	22e. ADDR	RESS			_	
		NAME (Type)	mas	TUNG	-		1/11	derik,	641)	
	23a		Bb. DATE		CEMETERY OR CR	EMATORY		23d LOCATION (City or Tow	rn) (Cou	nty)	(Stote)
-		REMOVAL (Specify)	Aug.26-19		noxville		tery	Knoxville,			
100	24.	FUNERAL DIRECTOR - Ele	vood T.	106 East	Church	STE	250 REC'D BY	REGISTRAR 10 CA REG	ISTRAR'S SIGNAT	URE Les	or.
		M. R. Etchi	son & Son	Frederic	k. Marvi	and	DATE AU	0 % 0 1400	1		0





		MARYLAND STATE DEPARTMENT OF HEALTH 11495 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. D	ECEASED NAME First Middle Lost 20 DATE KNOWN IVI Month Day Year Fish HOUR
.× ₽ % € \	((ype or Print) NENA HEMP FLOOK DEATH MATED 8/16/6819 P M
de la	3 \$	X 4 RACE S DATE OF BIRTH 6 AGE (in years F JINDER YEAR IF UNDER 24 HRS 2C DATE PRODUCINED DEAD 22 HOUR
y de		Female White 1/6/1884 84 YRS MONTHS DAYS MOURS MAN Month 8 Doy 16 Year 168 P M
- 2		SIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	EQUIT	Maryland U.S.A. WIDOWED X DIVORCED Frederick Md
er desth	10. 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
ter dead	10 -	rrederick frederick nursing Center Housewile None
with death.	170	USLA. RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY DIMITS? 13e STREET AND NUMBER 13b COUNTY rederick Petersvilleves No K Rural
24 haurs quin tem 18 ris Office of se land 2 were series after de	14 F	
1 have Item Office I and 2	14. 1	
hin 24 ncil in I niner's (pages I havrs c		WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO. 117. INFORMANT ADDRESS 14FD Chi 7 CH 20 Ch 17 Ch 20 Ch
within pencil xaminer ile page 72 havi	(Y	es, no ar unknown) (if yes give war or doins of service) Unknown E. Evelyn Flook-800 4th St. S.W.
This certificate should be executed within 24 haurs after cate, writing the ward "pending" in pencil in Item 18 is be farwarded to the Chief Med cal Exominer's Office olon I be used as a burial-transit permit. File pages land 2 with ar removal, and in any event within 72 haurs after death		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ORISET AND DEATH
be executed pending" in nief Med cal E ansit permit. Fevent within		PART I DEATH WAS CAUSED BY. Bulmonary Embolism Imombolic
exe endi Me t pe		DUE TO, OR AS A CONSEQUENCE OF O
be in p		Conditions, if any, which gave nse to immediate cause (a), (b) Philaboth combas
should be e te ward 'pei a the Chief I burial-transit I in any ever		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
This certificate should be executed fate, writing the ward "pending" in be farwarded to the Chief Med cal Edbe used as a burial-transit permit. For removal, and in any event within		(c) Unterrordente Ran Wolard
irate ing th ded ded as a		PART 2. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART I (o)
certifi arward used a moval,	TION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
fary fary	CERTIFICATION	WAS PERFORMED? Fractare-loft hip
This of frate, be fa		21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
INER: The certification is should be files.	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 Full at home
(AMINER: te the certi je 4 shavid vaur files. age 3 shav cremation,	ME	21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R F D No City or Town County State
L EXAMINER: ecute the cert Page 4 shavil ar yaur files. R:Page 3 shau al, cremation		WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK
DEPUTY DICAL EX ecessary, please execut the funeral directar. Pag may be retained far y FUNERAL DIRECTOR: Pleatith prior to burial,		22a certify that I took charge of the remains described above, held an Autopsy 💹, Inspection 🔲, Inquiry 🔲, and in my apinion
Se e set ou ned ned set ou bu		death resulted fram: Natural causes 🔲, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲
please I director retained		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER
essary, please funeral directions by the retained by the retained by the prior to t		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L. 220. DATE SIGNED
O DEPUTY necessary, the funera 5 may be 0 FUNERA Health pr		NAME (Type) Robert R. B. Roberts M.D. ADDRESS(Street, city, town, or county)
o D D D D D D D D D D D D D D D D D D D	230	BURIAL CREMATION, 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stole)
		Burial 8/19/68 St. Marks Cametery Petersville-Frederick and
	24.	FUNERAL DIRECTOR ADDRESS TOWN REGISTRAR 250 REGISTRARS S GNAULDE
VR A15ME (5) 10M REV 1/68	3	cete Kenneral Home Brunswick, Md. DATE AUG 20 1968 filiarles Judge



	1-	MARYLAND STATE DEPARTMENT OF HEALTH 1 1 1 0 7 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EALTH DIPT.		FCEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 2b HOUR OF ESTI. HATTY R. FOGIO FORTHUM MATERIAL STORY 19 CE 4/Fm
ny deloy 2, and 3 PM3. Po cortment	3 5	mole tribite 1_20_100 toriginiday) Month's Day Hours Milh Month's Day Year /9 67
ny 1, 2, c	7a	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED ENEVER MARRIED 9 COUNTY OF DEATH 10/9 Fred. Co. USA W.DOWED DIVORCED Frederick
offer death ny delay 8. Give Poges 1, 2, and 3 olang with farm PM3. Powith the State Department leath.	10	ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during as period) 120 USUAL OCCUPATION (Kind of work done during as period) 120 Kind OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done during as period) 120
v = " 0"		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN drissian) STATE Md. 13b. COUNTY Fred Lantz YES No E RFD
hour stem Office I ond after	14.	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Clarence Fogle Annie Starner
within 24 xaminers sie pages 72 hours		was deceased ever in u.s. armed forces? 16b. Social Security No. 17. Informant Address 15-11-1969 Edna Fogle Lantz, Md. RD
70 E T		18 CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave (b) APPROXIMATE INTERVAL SETWEEN ORSEL AND DEATH APPROXIMATE INTERVAL SETWEEN ORSEL AND DEATH CANGEL OF CARCALOUS SULCE DISCUSSION APPROXIMATE INTERVAL SETWEEN ORSEL AND DEATH CANGEL OF CARCALOUS SULCE DISCUSSION CANGEL OF CARCALOUS SULCE CANGEL OF CAR
should word the Ch uriol-tre in ony		stating the underlying cause CC). DUE TO, OR AS A CONSEQUENCE OF (c)
ficote to the index to be a both ond	×	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)
This certificate, writh be forward be used of the second or removal	CERTIFICATION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO
History Histor	MEDICAL CER	2 a EXTERNA. CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M P.M 19 PRIMARY P.M 19
로 하산(#Skip	ME	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, form, street, at work at work at work at work) 21f LOCATION Street or R.F.D. Na. (ity or Town (aunty State))
ose exerctor. Pained for IRECTOR to burio		22a. I certify that I taak charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resalted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
UTY ory, priest	0	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY DE
TO DEP necess to Fund	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
ROBEROLL MARYLY	24	REMOVAI (Specify) 8-10-68 United Brethren Cem. Thurmont Fred. Co. Md. Fineral Director Raymond EADDRESS reager 250. RECID BY REGISTRAR 25b. REGISTRARS SIGNATURE
EREDETI VR ATSME (5)	Ja	growt Crean et Thurmont, Md. DATE AUG 1 2 1968 gelientes Judge



1 1	MARTIAND SIAIE DEPARTMENT OF HEALTH	FAC
<i>y</i>		506
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DERT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do	y Yeor 25 ATOWR
2 0 m	(Type or Print) OF ESTI- DEATH MATED 8 3:	
delay is ond 3 to M3. Page itm nt bt	3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (1) YOU'S F SNUTR YEAR F IT UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
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iffica iting arde d os al, o	N. C.	T-1 1 1-1-1-1
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pleose ex I director. retoined for to bur to bur	death resulted from: Natural causes 🔲 , Accident 🗹 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗀	J
pleose director director pleose retoiner or to bor to b	CHIEF MEDICAL EXAMINER	
TY ple rol dil dil prior prior	SIGNATURE ACTUAL MD ASSISTANT MEDICAL EXAMINER 22b. DATE SIB	NED 11d
OUTY dary, nero be ERAI	EXAMINER'S DEPUTY MEDICAL EXAMINER X	51/6-8
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) Robert J. Thomas, M.D. ADDRESS (Street, city, town, or county)	/
TO DEPUTY necessary, the funero 5 may be TO FUNERA	230 BUR AL CREMATON, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (Stote)
	REMOVAL (Specify) Buris 1 9-3-1968 Fairview Frederick Fre	
1	24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR S IG	NATURE
VR ATSME (S	C. P. Hicker 111 Enederick Md DAY SEP 4 1968 Actions	As Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOURT 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH death. 24 haurs after death. Month 22 puo (Type or print) Nellie Louise Gaugh Aug. 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years JE LINIOER I YEAR 1E UNDER 24 HRS last hirthday) HOURS Mar. 18- 1911 Female White 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED country) Frederick U.S.A. DIVORCED [Md. WIDOWED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Homemaker INDUSTRY Frederick 406 West South St. 130, USUAL RESIDENCE (Where deceased fixed, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER buriof, cremation, or remaval, and in any event, 13d INSIDE CITY JMJTS? odmission) STATE 13b. COUNTY YES 🖫 NO. 406 West South St. Frederick Md. Frederick requires that the death certificate be exec 14 FATHER'S NAME Middle Lost IS MOTHER'S MA DEN NAME First Middle Schell. E. Sophia Della George Hamilton 16b. SOCIAL SECURITY NO Address 160. WAS DECEASED EVER IN US ARMED FORCES? 17 INFORMANT Md. Yes, no or unknown) 214- 10- 2095 Hammond J. Caugh-406 W. South St.-Frederick-18. CAUSE OF DEATH (Enter only one couse per ing for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH signed by the attendir buriol-transit permit. DUE TO, OR AS A CONSPONENCE OF Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detoched for use as the should be filled with the State Dept. of Heolth prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO IX YES ! 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either notify med col exominer) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No City or Town State County While Not while to work O FUNERAL DIRECTOR: After 22a | certify that (!) (this hospital) attended the deceased from 2-8 1967 to 8.22 19 67 , that (1) (we) last saw the deceased alive an 21 1964, and that in (my) (ear) apinian death accurred an the date and haur and from the causes stated abave. (1) (we) (did) (did net) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** Aug.23-1968 DEGREE PHYS DIRECTOR PHYS 22e, ADDRESS 22d, PHYSICIAN'S NAME (Type) Dr. U.G.Bourne-Jr. 30 W.All Saints St. Frederick, Md.21701 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) Frederick, Md. 21701 Mt. Olivet. Cemetery 24. FUNERAL DIRECTOR Elw ADDRESS Whitmore 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE M.R.Etchison & Son VR A15 (4) Frederick, Md.21701 1368 AUG 46 30M REV 1/68





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17	1			1150%	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201	1000
p				TIDAN		CERTIFICATE OF DEATH		11109
	E 1 1 1 2 5		DE	CEASED NAME, First	Middle	/ Lost 2	o. DATE OF DEATH	2b. HOUR
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	rte cion ease and			WAS DECEASED EVER IN U.S. ARM		YNO 17 INFORMANT	Frederickdress 1	Md. 21701
	ific of pla		Y	es, po, or unknown) (14 yes give wo	or or dates of service) 217–32–5	863 Mrs. Helena V. H		
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				saw the deceased a	ive ancing 21	196 A, and that in (my) (our) opinia	n death occurred on the dot	e ond hour and from the
4	S S S S S S S S S S S S S S S S S S S				, (I) (we) (did) (did not) view th	e bady offer death.	T no. 0	
	RECI WITH			22b SIGNATURE		THE MED MED	STAFF FT -2	ATE SIGNED
	be r be r DIRE			22d PHYS.CIAN S	V' (hase	DIGBLE PHYS DIRECT	TOR LI PHYS LI	1 ang 68
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, 1	1	11502	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA		
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the this deto	Н	nt wash at wash				
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OR ATTENDING be retained by the JIRECTOR: After i e 3 shauld be d ed with the State	П	22b. SIGNATURE	eadors,	DEGREE PHYS		DATE SIGNED YUG 30, 1968
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		MARILAND STATE DESCRIPTION OF MEALING AND MARYLAND ASSAULT
-	-1	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201
	\perp	11503 CERTIFICATE OF DEATH
= 24		CEASED-NAME First Middle Last 2a, DATE OF DEATH 2b. HOUR ype ar print) Manth Day Year
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作	14 F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last
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;	lóa.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address
Š	Y	85, no. or unknown) (It yas give wor or dates of service) 215-36-6586 mg Rafal E. Herbert 16, 3 W. or this ft. Fed. no.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) APPROX MAR INTEXTAL BETWEEN ONSY AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) A a Texio sclenatic Cardiovascuma Disease 5 yac
		4/29 DUE TO, OR AS A CONSEQUENCE OF
		Canditions, if any, which gave
		rise to immediate cause (a), ((a)
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		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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X	E C	YES NO CAUSES OF DEATH?
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		While Of work
	1	
		saw the deceased glive an 2-14-1967, and that in (my) (aur) apinian death accurred an the date and haur and fram the
		causes stated above, (I) (we) (did) (did not) view the body after death
	1	22b. SIGNATURE 22c DATE SIGNED 22c DATE SIGNED
		DEGREE PHYS. DIRECTOR PHYS. B 13-68
1		22d PHYSICIANS NAME (Type) ROY D MAGT.
į		The real parties to the
2	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stole)
	24	SEMOVAL (Specify) and 17 1968 Sat. Hope serveting Word bord Fred. Ind.
0	24	J. C. Banton, Walkersmille md. DATE AUG 19 1968 yourse
K		VICE SURVEY WAXNESSMILE MA PART HOUTS 1000 1



	11504 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	(4)
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12
HEALTH DEPT.	1 DECEASED NAME First Middle Lost Zo DATE KNOWNEX Month Doy	y Yeor 2b HOUR
oy is 3 to Page ent of	(Type or Print) Robert Edward Hock DEATH MATED Aug. 26	6 1968 M
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l w f n pe Exan Frie 1 72	Edita C. Hock, 22 Forrest Ave	APPROXIMATE INTERVAL
certificate should be executed writing the word "pending" n rwarded to the Chief Medical Essed as a burial-transit permit Fnoval, and in any event within	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CRUSHED SKYLL LACERATED BRA	BETWEEN ONSET AND DEATH
Med Med per per	8 19. 2 IMMEDIATE CAUSE (a) CAUSHED SKULL & ZICEBBYED DKAT	<i>'</i>
be exe	Conditions, if ony, which gove	
suld vord ne Ch al-tro ony	rise to immediate couse (a), (b) Stating the underlying couse (DUE TO, OR AS A CONSEQUENCE OF	
sho e w th th urio	lost (c)	
s certificate should e, writing the word forwarded to the Ci used as a burial-treemoval, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
trific tring arde d as	8 14	
te, writin te, writin forward forward e used ar	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This inflicate, d be fe		YES NO
INER: This certile certificate, write certificate, writeshould be forward files. 3 should be used at on, or removal	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1 PRIMARY) OR CONTRIBUTING HOURA M. R126 19 68 HOTOR CYCLE	0)
INEI Be ce Shou Shou files 3 sha	21d N.JRY OCCURRED 234 PLACE OF INJURY (at home form street 21f OCATION Street or R.F.D. No. Charles	ounty State
DEPUTY DICAL EXAMINER: scessary, please execute the certifie funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremat on.	factors affice highing atc.)	exicle MD
AL Execution Page 1907	22a. I certify that I taak charge of the remains described oboye, held an Autopsy, Inspection, Inquiry,	ond in my opinion
ctor.	death resulted from Natural causes 🔲, Accident 🔼, Suicide 🔲, Hamicide 🔲, Undetermined monner 🔲	
please please I director retained I DIREC	ACTUAL CHIEF MEDICAL EXAMINER CONTRACTOR DAYS CONTRACTOR	
ury, ple erol di be retr prior	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (ED /
O DEPUTY necessary, the funeral 5 may be 5 runeral 7 runeral	EXAMINER'S Robert U. Thomas, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street city, fown, or county)	6/66
necessal the func 5 moy 1 10 FUNEI	230 BURIAL CREMATION. 236 DATE 23C, NAME OF CEMETERY OR CREMATORY 23d, LOCAT ON (City of Found to 1) 1 (60)	(State)
_	Burial Aug. 30, 1968 Park LawnMem Gardens Greene Township	
	24 FUNERAL DIRECTOR 250 REC D BY REG STRAR 250. REGISTRAR S SIGN	ATURE_
VR A15ME (51 10M REV. 1, 68	Paul F. Bittle, Myersville, Md. DATE AUG 2 3 1968 /Charle	as Judge

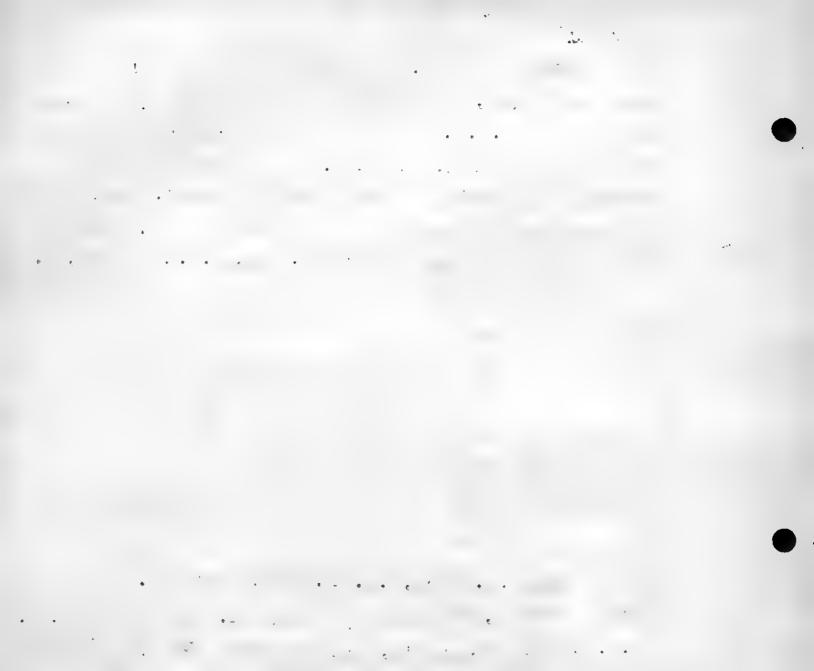




	11506 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	I DECEASED NAME First Middle Lost 2a DATE KNOWN Month Doy Year 2b HOUR
S P P P	Beverly Elaine Jankins DEATH MATED Aug 23 168 8p M
de la	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years F UNDER 17 EAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR
≥ .	Female Negro 12-13-1952 15 YRS 8 23 19 68 8p M
De D	76. BIRTHPLACE (Stole or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OUNTRY)
Pages 1, 2	Md U.S.A. WIDOWED Frederick Mc
Φ 144 ≥ 25	give street address) during most of working I fellered () INDUSTRY
<u> </u>	Frederick Frederick Memorial Demostic 130 USUAL RESIDENCE (Where deceased lived, if Institution: Residence before 13c GTY OR TOWN 3d. INSIDE CITY LAMIS? 13e. STREET AND NUMBER
death death	admiss an) STATE 13b. COUNTY 75 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Hours I on of the of th	Md Prederick Prederick Symbol 28 S. Court St. Fred Md 14. FATHER S NAME First Middle Last IS MOTHER S MAIDEN NAME First Middle Last
	Cliften Thomas Jenkins Daisy Marie Penn
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
s within 24 in pencul in Examiner's Examiner's File pages	(Yes, no, or unknawn) (If yes give wor or dotes of service) 212-58-9796 Daisy M. Jenkins 28 S. Court St Fred.
ed and all Education	18 CAUSE OF DEATH (Enter on y one couse per restor (o), (b), and (c), the part I DEATH WAS CAUSED BY APPROX.MATE INTERVAL BUTWEEN ONSET AND DEATH
be executed pending in hief Medical Earsit permit. Fearsit permit. Fearsit him.	MMEDIATE CAUSE (a) Congestive (Hear) Jouline
ex ent ent	DUE TO, OR AS A CONSEQUÊNCE OF A
d 's d 's Chie rrans	Canditians, If any, which gove (b) Ve getalive and tarkets
should be executed he ward "pending" is to the Chief Medical burial-transit permit.	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
e sh ta ta t bur d in	PART 2 OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
This cert ficate should be executed within rate, writing the ward "pending in pencil be farwarded to the Chief Medical Examine be used as a burial-transit permit. File paga ar removal, and in any event within 72 hau	
writ writ rwai sed	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 2110 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
nis (WAS PERFORMED? YES ★ NO □
毛型 20 0	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M.
INER: ie certifi shauld files. 3 shauld	CAUSE OF DEATH P.M 19
EXAMINER: Lite the certificate of should be sh	VALUE NOT WHILE NOT WHILE AT WORK AT W
프로 함 존대 그	
se executor. Pared for ped for ECTOR:	22a i certify that , taak charge of the remains described above, held on Autopsy Inspection , Inquiry , and in my apinion
JIY BIC.	death resulted from. Natural causes, Accident, Suicide, Homicide, Undetermined manner
rral district the rest of prior prio	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL ACTU
	Signature 21 1968
TO DEPUTY Decessory, please the funeral direct 5 may be retained for FUNERAL DIRECT Health priar to	EXAMINER'S NAME (Type) Rehert R. R. Roberts ADDRESS(Street, city town, or county) Frederick, Md
10 1 To 1	230 R. PIÁI CREMATION 235 DATE 232 NAME OF CEMETERY OF CREMATORY 224 LOCATION (Car of Tours) (Cardy)
	REMOVAL (Spearly) Burial 8-27-68 Fairview Frederick Fred. Md
VO ATENE (SI)	24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 REGISTRARS SIGNATURE
VR A15ME (5)\\ 10M REV 1/68	C.E. Hicks, 111 Frederick, Md DAIL AUG 27 1968 Clearles Judge.



1	Ŧ	em_18 Filblyish	N OF VITAL RI	AKTLAND 51 ECORDS, 301 '	W. PRESTO	N STREET, BALT	HEALIH IMORE, MARY	LAND 21201			
FOR STATE	10	11502				ERTIFICATE				1	5
HEALTH DEPT.	I. D	CEASED-NAME Fill ype or Print)	st	Middle		Lost		20. DATE KNOWN	Month	Doy Ye	eor 2b HOUR
元百 3 年	- 1:	LOUI	SE	M		KEHNE		OF ESTI-	8	5	19 6810a M
deloy	3 51		S DATE OF BIE	1	6. AGE (In years lost birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUN Month		Vana	2d. HOUR
A 8 7 %		male White	May 31,		58 YRS			F-	Doy	Yeor 19	CS 10A M
Dep min		tRTHPLACE (State or foreign	76 CITIZEN OF WE			RRIED MINEVER MAR		UNITY OF DEATH			
far fe	10 0	aryland	1	AME OF HOSPITAL		i (If not in hosp-to		Frederick	work done	TIPE KIND O	Md. OF BESINESS OR
This certificate should be executed within 24 hours after death licate, writing the ward "pending" in pencif in Item 18. Give Pages be farwarded to the Chief-Medical Examiner's Office along with far is be used as a burial-transit permit. File pages Land 2 with the State or remayal, and in any event within 72 hours after death.		ellow Springs		street address)			during most	of working Me, ever	if retired)	INDUSTRY	1 DESIMESS OK
Examiner's Office along with far File pages Land 2 with the State in 72 hours after death.	130	SUAL RESIDENCE (Where dece	osed lived. Finstiti	ut on Residence t	efore 13c CITY	OR TOWN 13c	H. INSIDE CITY LIMITS?	13e STREET AND N			
nci in Item 18. Gi niner's Office along pages 1 and 2 with hours after death.		Waryfand	13b Frede	rick		ow Spring	SES EX NO	Route 7	Fred	lerick	
ond files	14 F	THER'S NAME First	Middle		Lost	IS MOTHERS MAD	DEN NAME First		M-ddle		Lost
r's (Milton E		Stale			Virgie		M.	Summe	rs
pages hours		VAS DECEASED EVER IN U.S. ARMEI es, no prunknown) (if yes gi	FORCES? ve wor or dates of service)	None		7 INFORMANT	Kohno		RESS	erick,	Ma.
d 'pending in pencif in Item 18, Give Pages I, Chief-Medical Examiner's Office along with farm, ransit permit. File pages Land 2 with the State De y event within 72 hours after death.	-		-1			arroll H.	иенне,	DI +III + 1	rreu	APPRO	X MATE INTERVAL
Medical in permit.		IB CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	ED BY	ine for (a) (b) an	e ence	phalitis	(proba	bly			days
ef Medic		LOUX IMMED	DUE TO, OR	AS A CONSEQUEN				ettsial)			
d Liberal		Conditions, if ony, which gave	1 63								
		rise to immediate cause (a), stoting the under ying couse	DUE TO, OR	AS A CONSEQUEN	CE OF						
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ge 4 shaula be tarwarded to your files. Yage 3 shauld be used as a b crematian, ar remaval, and		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUT	ING TO DEATH BU	NOT RELATED	TO THE TERMINAL DI	ISEASE OR CONDITI	ON GIVEN IN PART 1(c)		
used	AT ON	190 DATE OF OPERATION		19b. COND T ON I WAS PERFOI		RATION		, , , , , , , , , , , , , , , , , , ,		20. AL	JTOPSY?
be u	CERTIFICAT										S (∑) NO □
shauld be tian, ar re	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.	INJURY Month, Da M. M	y, Yeor [2	To HOW INJURY OC	CURRED (Enter nat	ute of injury in Port	l er Port 2, l	tem 18)	
	MED	21d INJURY OCCURRED 21e	PLACE OF INJURY (At home, form, st	reet,	of LOCATION Street of	or ₹ F.D. No	City or Town		County	State
Crei		AT WORK AT WORK	derory, unite obtain	ig, eic.j							
DIRECTOR: Page ir to burial, crem		22a certify that	_					spectian [],	Inquiry [ın my apınıan
e e		death resulted fram	Natural cau	ses 🔲, Acc	ident [],	Suicide	Homicide [, Undetermine	d monner		
		ACTUAL O.L	J R	10 120	1/2		F MEDICAL EXAMI		Antenna - T	alanes.	
		SIGNATURE		- 1- 01-			STANT MEDICAL EX UTY MEDICAL EXAM		226 BATI	SIGNED	1968
O FUNE Health		EXAMINER'S NAME (Type) Rob	ert R. R.	Roberts	s. M. T			ederáck, l	id.	3,3,	7100
5 may be 7 CO FUNERAL Health prin	230	BURIAL CREMATION. 23	DATE			OR CREMATORY		LOCATION (City or		(Caunty)	(State)
-		PEMOVAL (Spaciful	ugust 8.1	968 Plea	asant H	ill Cemet	ery N	r. Yellow	Sprin	gs Fre	· ·
	24.	FUNERAL DIRECTOR	Vonal	2 711	ADDRESS 74	Leley	25a RECD BY RI	G.STRAR 2Sb	REGISTRAR S	SIGNATURE	Judas
ME (5) / 1/68	L	M. R. Etchi	son & Son	. Freder	rick, M	arvland	DATE AUG	7 1968	1	-	0
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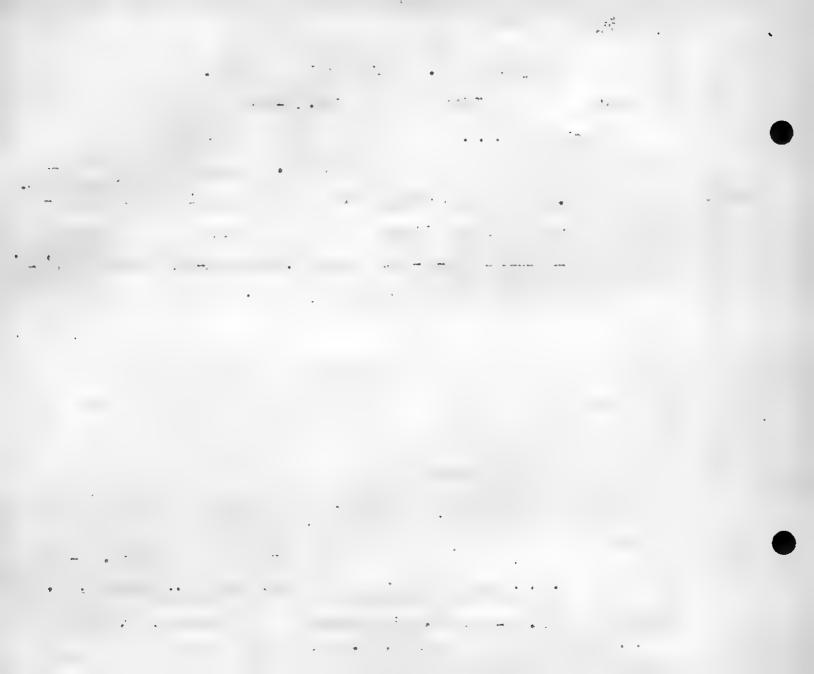




	,			D STATE DEPARTMENT OF		
1		11510		301 W. PRESTON STREET, BAI		11718
		1202.		CERTIFICATE OF DEATH		
폭 그건축		CEASED-NAME First	Middle	Last	20 DATE OF DEATH	26. HOUR a.
death. neral and 2 death.	''	ype or print) baby	boy	Lewis	Month 8 Doy 2	1 Year 68 10:45M
\$ 2 E	3. SE	Х	4. RACE	S. DATE OF BIRTH	B 110E (11 10013	F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
		male	white	8/21/68	20 min. vs	20
		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
illed in papers.	cont	Maryland	U.S.A	WIDOWED DIVORCED	Frederick	Md
requires that the death certificate be executed within 24 haups at g physician. In signed by the attending physician and completely filled in the benial-transit permit. Then please remays carban papers. Pages o burial, cremation, ar removal, and in sayevent, within 72 hours of	10 (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN		UA. OCCUPATION (Kind of wark dane	126 KIND OF BUSINESS OR INDUSTRY
within telly f		Frederick	give street oddress) Fred	erick_Memorial	most of working ife, even if retired.)	INDUSTRI — — —
and complete remove/cart insurevent,	13a	USUAL RESIDENCE (Where decea	sed lived, if institution: Residence before	13c CITY OR TOWN 36 INSIDE CITY		
E 2 . ()	agm	ssion) STATE Md.	13b. COUNTY Frederick	Frederick YES	NO □ x	
emover remover remove remover	14. 1	FATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME		Lost
8 5 5	P	aul Leo	Lewis	Patricia	a Lou Rice	
equires that the death certificate physician. signed by the attending physician butial-transit permit. Then pleaseburial, cremation, ar removal, and	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECURITY		Address	
hys val,	Ľ	es, na, ar unknown) (If yes give:	A DIA STATE OF SHIRES	- mother	Route 2, Middle	town, Md.
reg purpose mo		1B. CAUSE OF DEATH (Enter of	nly one cause per time for (a), (b), and (c)	1 4-1	1-	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ndir irit		PART I DEATH WAS CAUSE	D BY ATE CAUSE (0)	rulal anoma	les mullifle	
afte arte an, (1571	DUE TO, OR AS A CONSEQUENCE OF	4		
t the sit p		Conditions, if any, which gave		nknown		
that t an. by the transit crema'	1	rise to immediate cause (a), stating the underlying cause	DUE TO OD AS A CONSTRUCT OF			
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equires tha physician. signed by burial-tran burial, crer		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
en and to to the	22	1. :				
The law requires the attending physician, has been signed by se as the burial-traith priar to burial, cre	CERTIFICATION	19g. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	2Db. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
The latter has se as the print has	ΙĔ			YES 🔀 NO [CAUSES OF DEATH?	
vsician: ospital ar certificate thed for unit of Health		210 ACCIDENT WAS UNDERLYI			iter nature of injury in Part 1 or Part 2, Ite	m 18.)
Participal de la company de la	N N	OR CONTRIBUTING CAUSE OF DEA	iner) P.M. 1	9		
may be retained by the hospital ar attending RAL DIRECTOR: After this certificate has been by page 3 should be detached for use as the befiled with the State Dept. af Health priar to	MEDI	21d INJURY OCCURRED 21e	. PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f LOCATION Street or R.F.D. I	Na. City or Town	County State
this De De		While Not while at work				
ATTENDING etained by th CTOR: After t should be d		22a Leartify that (I) (t)	nis haspital) attended the deceas	ed framp/21 /6322 , 19	GY, 102/4/ 1343, 196	that (1) (ave) last
ed led led led les		saw the deceased (alive an	1962, and that we (my) (our) a	pinian death occurred an the date	and hour and tram the
Togath the transfer of the tra	П	22b. SIGNATURE	e, (i) (we) (did) (did Noi) view life	dody after death.		ITE SIGNED
REC 3 s d wij	П	ALC:	Lacasia	DEGREE PHYS	MED. DIRECTOR PHYS.	11/18
y brogge	L	22d. PHYSICIAN S	100000	22e. ADDRESS	11132 - 12	9/00
Page 4 may be retained by the hospital ar C FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for u shauld be filed with the State Dept. af Heal		NAME (Type) Dr T.	R. Poirier Frede	rick. Md. F	rederick, Md.	
O HOSPIT Page 4 m O FUNER/ directar, shaued by	230	BURIAL CREMATION. 236		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
6 P 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	P	REMOVAL (Specify)		ck Memorial	Frederick, Freder	ick, Md.
	24	FLEASE TOHOSPIL &	ADDRESS		BY REGISTRAR 2Sb REG STRAR'S SI	GNATURE
VR A15 (4) 30M REV 1/68		6. a. L. 1/11/1	I leden I would	Bene Horth. DATEAU	6 2 6 1968 Relian	es judge



MARYLAND STATE DEPARTMENT OF HEALTH

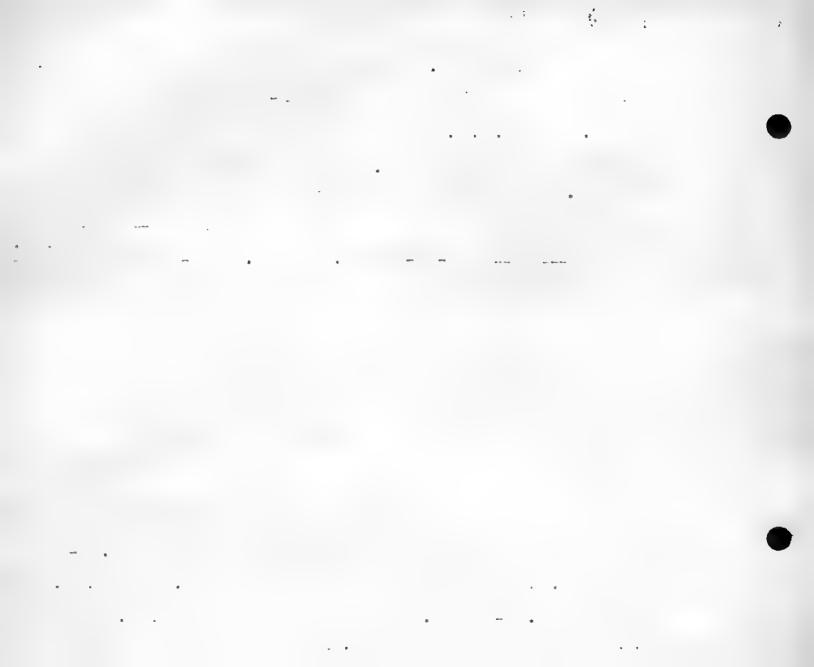


FOR STATE	11	512	PIAISIOI					RTIFICATI			NU 21201		111	520
HEALTH DEPT.	1 DECEASE		First			Middle		Last		2	a DATE KNOW	VN Month	Day	Year 25 HOUR
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5 m & c	3 SEX		4 RACE	S DATE OF	BIRTH	6 AGE	fin years	IF JNDER I YEAR	IF UNDER	24 HRS 2	c. DATE PRONO			2d HOUR
and de la de	Fer	ale	White	Feb.	6,1885	8	YRS	MONTHS DAYS	HOURS	MIN.	Manth E		23 Year	
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0 3	16a. WAS D	ECEASED EV	ER IN U.S ARMED			L SECURITY NO	1	7. INFORMANT			A	DDRESS		
	(res, no	ar unknov	/IT) (If yes give	war or dates of servi	(ce)			Donald	Spe	eelma	an En	ittsh	urg.	Md.
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			CAUSE WAS R CONTRIBUTING [OF INJURY Mor	ith, Day Year	2	TO HOW INJURY	DCCURRED (E	nter nature	of injury in Po	rt I ar Port 2,	Item IB)	
(AMINER: 1 te the certific je 4 should by four files. oge 3 should cremation, or		SE OF DEAT		_ 1100	PM	19								
	岩 21d	NURY OC	1.0	PLACE OF INJUI ctary, affice bu	RY (At hame, fo	rm, street,	2	If LOCATION Street	et ar R F.D. No	1	City ar Taw	n	County	State State
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ical tor tor cro			suited from:					Suicide .	Homicio		Undetermi	ned monne		
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ory ner ner be ERA		MINER'S						D	EPUTY MEDIC	AL EXAMINE	R 🔀	نات	19.2	3,1968
no DEPUTY DICAL EXAM necessory, please execute the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR. Page Health prior to bur al, crem		ME (Type)						A	DDRESS(Stree	t, city, town	n, ar caunty)		G	,
5 + 5 O H		AL, CREMA	L.A	DATE		NAME OF C	EMETERY	OR CREMATORY		23d L(OCATION (C ty o	or Tawn)	(Caunty)	(State)
	Bü	riai	. 8	/27/19	968 F	lohrs	Ce	metery	•	McF	might	stown	Ada	ms Pa
		RAL DIRECT				ADDRES	S		2So. REC	D BY REGIS	TRAR 25	B REGISTRAR	'S SIGNATUR	E .
VR A15ME (5) 10M REV 1 68	M	onat	an Fun	eral !	Home	Getty	78b1	irg, Pe	DATE A	062	6 196B	you	mes,	Judge

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 11513 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Charles Mullen August L. nours after 4 RACE IF UNDER I YEAR 3 SEX S. DATE OF BIRTH E UNIOER 24 MRS 6. AGE (In years lost pirthdoy) buriot-tronsit permit. Then please remove cokbon popérs. Pages burial, cremation, or removal, and in any event, within 72 hours aft Male SHTHOM DAYS HOURS White April 17- 1900 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Frederick Md. U. S. A. WIDOWED [DIVORCED [7] hed 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working to even if retired)
Pharmacist INDUSTRY give street oddress) physician ond completely-en please remove totbon Frederick Drug Store Frederick Mem. Hospital 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET AND NUMBER e law requires that the death certificate be executed 13b COUNTY Frederick odmission) STATE Frederick YES NO 400 Rockwell Terrace 14 FATHER'S NAME Middle IS. MOTHER'S MA DEN NAME Errst Lost Hubert Mullen Myrtle 16b SOCIAL SECURITY NO 17 INFORMANT Address Frederick. Md. 160. WAS DECEASED EVER IN JS ARMED FORCES? Yes, no or unknown) 214-10-4303 Mrs. Charles L. Mullen-400 Rockwell Terrace-18 CAUSE OF DEATH (Enter only one cause per line for (0), (b), and (c))
PART 1 DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) signed by the buriof-tronsit p Conditions, if any, which gave) rise to immediate couse (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) for use os the b has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES [NO To of Heolth DIRECTOR: After this certificote 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) ATTENDING PHYSICIAN: HOUR A.M. TOR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor detoched (If either, notify medical examiner) director, page 3 should be detache should be filed with the Stote Dept. 21d INJURY OCCURRED 2 TO PLACE OF INJURY (AT HOME, FARM STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from May (my) (our) opinion death accurred on the dote and hour and from the 96 causes stated above. (i) (we) (did) (dia nat) view the bady after death 22c. DATE SIGNED 22b SIGNATURE Aug. 26-1968 DIRECTOR 22e. ADDRESS 22d PHYSIC ANS FUNERAL NAME (Type) 80h Toll House Ave.-Frederick, Md.21701 Dr. A. Austin Pearre 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b. DATE 23r NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Aug. 28-1968 Frederick, Md. 21701 0 Mt. Olivet_Cemetery 24 FUNERAL DIRECTOR ELECTION & M.R. Etchison & 25b REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR 30M REV 18 Frederick, Md.21701 DAAUG 8 ¿Charles Judge



DIV

ISION	OF	STATISTICAL	RESEARCH	AND	RECOR	DS —
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	GERTINICATE OF BEATT
1.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. COUNTY 6. COUNTY 7. COUNTY 7. COUNTY 8. COUNTY 9. COUNTY 9. COUNTY 10. COU
	Trecherick MARYLAND Warufound b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
	Lise Rorandoe Life Walkerswille
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Fulten are Fulton are YES NO D
	NAME OF LOST A DATE OF Month Day Year OF DECEASED OF LOST A DATE OF MONTH Day Year OF DEATH 18 19 6
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00	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
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3.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	The Miles of Marie Programme
S	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address
(Tes	no or unknown) (If you gife for or doles of service) 2 (5-14-150) Mary 12 7 Starling Ilb Office and Ille
-	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (G) CARREST AND DEATH 2 years
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	Condition of any which
	gave rise to immediate PMS 70
	Ling care fort
S	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
	PERFORMED? YES NO G
	20g ACCIDENT WAS INDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH
1	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
3	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State of the county) (State of th
300	Hour o. m. While Not white factory, street, affice bldg., etc.) p. m. 19 at work at work
	21 1 certify that (1) (this haspital) attended the deceased from han 5 1967, to Gray 18, 1968, that (1) (we) la
	saw the deceased alive on Uler 18 1960, and that death accurred at 25M, from the causes and an the date stated above
	22a SIGNATURE / / 22b DATE
	ATTENDING WED DIRECTOR STAFF 8/19/6 STON
	22c. PHYSICIAN'S NAME (Type) 22d ADDRESS
	Trederica ha
23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, towg, or county) (Stote)
	Bury 8/20/68 Md. Olivet Froderick md.
4.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	J. C. Barton, Walkerwelle - Md DATE AUG 21 1968 yours Judge

XTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO FUNERAL DIK R. After this certificate has been signed by the attending physician and completely page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papes the State Board of Health priar to burial, cremation, or remavel, and in any event, within 72 that is the state Board of Health priar to burial, cremation, or remavel, and in any event, within 72 that is the state burial. TO HOSPITAL OR

VR A15 (4) ISM 9/59

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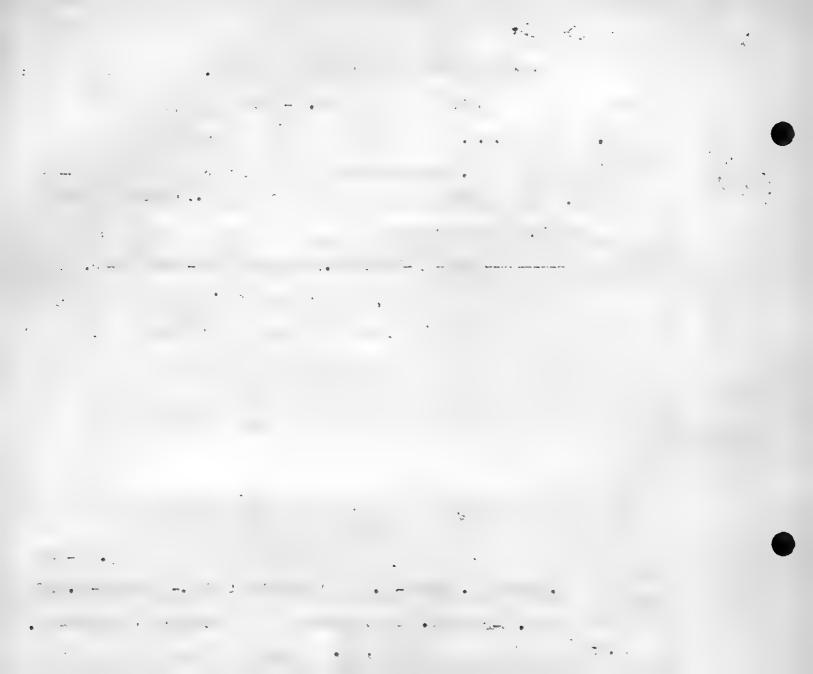


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ICIAN: The law requires that the death certificate be executed within 24 hours after death pital or attending physician. rifficate has been signed by the attending physician and campletely filled in by the funeral of far use as the burial-transit permit. Then please remove carbon papers Rages 1 and after use as the burial, crematian, or removal, and in any event, within 2 haurs after death		Trederick	nive	NAME OF HOSPITAL OR IN	,	during n		(Kind of work done ife, even if retired)		OF BUSINESS OR
implete	13q. adm	USUAL RESIDENCE (Where deceo		mon. Res dente before Frederick		TOWN 13d INSIDE CITY Lerick YES X		EET AND NUMBER 2 North C	ourt Si	treet
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The after the se of the	Ĕ					YES NO 2	CAUSES	OF DEATH?		
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ed bed bed bed be She She She She She She She She She Sh		saw the deceased causes stated above	alive an 8/20	/68	19 an	d that in (my)(sase) as	oinian death a	ccurred an the c	date and hou	ur and from the
TOR TOR	1	22b. SIGNATURE	e, (i jxt)xrijx taid	Digwentage) view tue				1 22.	DATE SIGNED	
OR ATTENDING be retained by th URECTOR: After t e 3 shauld be de ed with the State			me	-/-	M DEG	REE PHYS.	MED DIRECTOR		3/20/68	
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PITA mg iRAI		NAME (Type)	F. Meado	ors, M.D.		810 Toll	House A	ve. Frede	rick, h	₫.
FOS UNI Perto Suld	23o		DATE	23c NAME OF	CEMETERY OF	R CREMATORY	23d LOCATIO	N (City or Town)	(County))	(Stote)
ro Hospital Page 4 may ro Funeral I director, pag shauld be fil			ug 22,	1968 FING	2 GROL	CREMATORY ME TER	4 MT	AIRY	Met.	
VR ATSTALL	24.	EUNERAL DIRECTOR	,10/1	ADDRES		2So REC'D	BY REGISTRAR	256 REGISTRAR		0
30M REV HED	4	Alexander Chair	5 80A	Freder	ARC M	en date A	UG 22	1968 gc	lanles.	judge





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 25. HOUR () 20. DATE OF DEATH requires that the death certificate be executed within 24 hours ofter death. (Type or pnnt) Charles Month 30 Doy 1968eor Edward Peddicord and 11:54 Aug. 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lost birthday) Male Jan. 9- 1897 White 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Frederick U.S.A. Md. WIDOWED DIVORCED | 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired) give street address) INDUSTRY Frederick Md. Odd Fellows Home Laborer 130 USUA: RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER event odmission) STATE 13b. COUNTY Md.Odd Fellows Home Md. Frederick Frederick YES T and in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Lost Lost William Mary Ellen Wolfe Luther Peddicord 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) or removal, 214- 10-270HA Md.Odd Fellows Home-Frederick-Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) cremation. DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gove) buriol-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) **FO HOSPITAL OR ATTENDING PHYSICIAN:** The low re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES | NO DE for use 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of mury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from from 1968, ta 11, 1968, that (I) (we) last saw the deceased alive an 1968 of 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the should be causes stated above, (1) (we) (did) (Ad nat) view the bady after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. Aug. 30-1968 DEGREE 22e ADDRESS PHYS CIAN S NAME (Type) Professional Bldg.-Frederick-Md.21701 director, should br Dr. Bernard O. Thomas-Ir. 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Stote) Mt. Olivet Cemetery Frederick Frederick- Md. ADDRESS Witmore 25b REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (41) M.R. Etchison & Son Minney 1968 Frederick, Md. 30M REV DATSEP



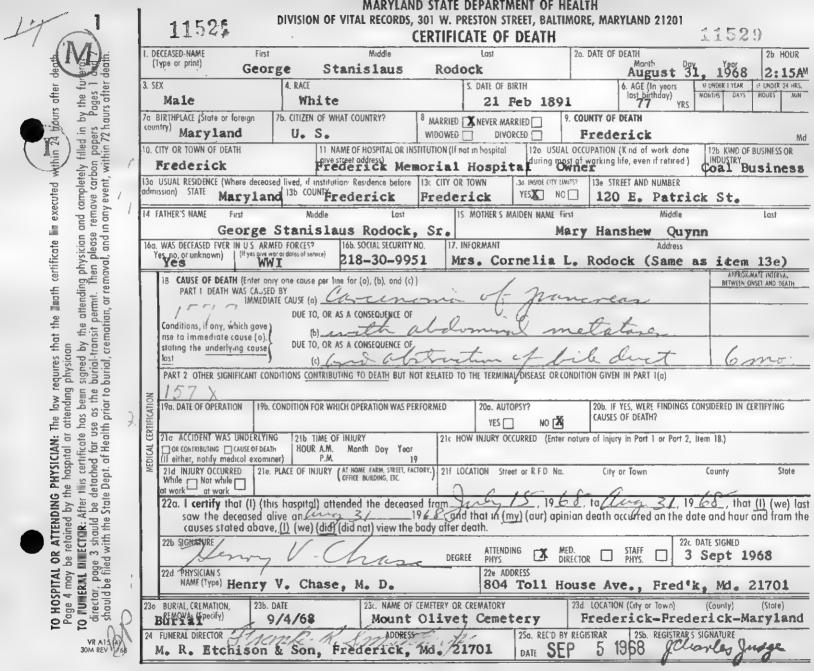
FOR STATE	1151\$	MEDICAL EXAM	MINER'S CERTIFICATE		. 726					
HEALTH DEPT.	DECEASED NAME (Type or Print)	First Mid	dle Last	Za DATE I	(NOWN Month Day Year 26 HOUF					
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d 3 d 3 ent	SEX 4 RACE	S DATE OF BIRTH	6 AGE (In years IF UNDER 1 YEAR Sept buthday) MONYHS DAYS		RONOUNCED DEAD 2d HOUL					
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fam fam	Maryland	U.S.A.	MIDOMED DIVI	RCED Treder	ick					
# 28 = 3 × 10	CITY OR TOWN OF DEATH	NAME OF HOSPIT, give street address)	AL OR INSTITUTION (If not in haspites							
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s affer 18 Gr alang 2 with death	30 USUAL RESIDENCE (Where	deceased lived, if institution Residence			AND NUMBER					
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Z L S S S	John Austin			R. Sier						
rathin 24 pencil in caminer's te pages 72 haurs	da WAS DECEASED EVER IN U.S. A				ADDRESS					
yan yang	No	Ass time with ou entres of services Nou-	d Mrs. Cla	udia Fogla	Frederick, Md.					
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				101 Traff() (4 Tr						
	24 FUNERAL DIRECTOR	MID MID	ADDRESS	ZSO. REC D BY REGISTRAR	ick, Frederick, Md.					

MARYLAND STATE DEPARTMENT OF HEALTH

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1	1	MARYLAND STATE DEPARTMENT OF HEALTH TO P DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME First Middle SHAFFER 20 DATE KNOWN Month Day Year 26 HOUR OF ESTI- DEATH MATED 8 6 1968 5:45 M
PM3.		EX 4 RACE S DATE OF BIRTH 6. AGE (in years lif under 1 YEAR IF JUDER 24 HRS 20 DATE PRONOUNCED DEAD Month Day Year 19 M
	70 (OLI	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED F 9 COUNTY OF DEATH PROPERTY) PENNA. 41.5.9. WIDOWED DIVORCED FREDERICK CO. Md
after death	F	TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital loc usual occupation (Kind of work done give street oddress) REDEPICK 12 USUAL OCCUPATION (Kind of work done libb Kind of Business or during most of working life, even if retired) NOTIFIED TO MEM. HOSPITAL OR INSTITUTION (If not in hospital library) NOTIFIED TO MEM. HOSPITAL OR INSTITUTION (If not in hospital library) NOTIFIED TO MEM. HOSPITAL OR INSTITUTION (If not in hospital library) NOTIFIED TO MEM. HOSPITAL OR INSTITUTION (If not in hospital library) NOTIFIED TO MEM. HOSPITAL OR INSTITUTION (If not in hospital library) NOTIFIED TO MEM. HOSPITAL OR INSTITUTION (If not in hospital library) NOTIFIED TO MEM. HOSPITAL OR INSTITUTION (If not in hospital library) NOTIFIED TO MEM. HOSPITAL OR INSTITUTION (If not in hospital library) NOTIFIED TO MEM. HOSPITAL OR INSTITUTION (If not in hospital library) NOTIFIED TO MEM. HOSPITAL OR INSTITUTION (If not in hospital library) NOTIFIED TO MEM. HOSPITAL OR INSTITUTION (INSTITUTION (INSTIT
hours after death Juy de Item 18. Give Pages 1, 2, and Office along with farm PM3. I and 2 with the State Departm after death.	130	USUAL RESIDENCE (Where deceased lived, it institution, Residence before 13c CITY OR TOWN 13d MISSIE (White Property Limits?) 13d. STREET AND NUMBER driss on) STATE ARVIANUS COUNTY CARROLL CO. NESTMINSTER YES NO P. F. D. # 3
the hours of the h	14.	TATHER'S NAME FIRST MIDDLE COST IS MOTHER'S MATDEN NAME FIRST MIDDLE COST DAVID A . SHAFFER SHIRLEY I. FIBLER
within 24 in pencil in Examiner's File pages 172 hours		WAS DECEASED EVER IN U. S. ARMED FORCES? (8s, no, or unknown) (11 yes give war or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS RED #3 DAUID A SHAFFER NEST MINISTER MA.
cuted and discolar Ex		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY. IMMIDIATE CAUSE (o). A PNEA BETWEEN ONSET AND DEATH
pendii pendii nief Me		S /2) DUE TO, OR AS A CONSEQUENCE OF CONCILS SION CRISCHED SPIEZA
the certificate shauld be executed within 24 haurs after death the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, a shauld be forwarded to the Chief Medical Examiner's Office along with farm it files. e 3 shauld be used as a "Lunal-transit admit. File pages land? with the State Designation, ar remayal, and in ally event within 72 hours after death.		stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF LACERATED LUNG, PNEUMOTHORAY
ficate string the rded to as a sail	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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LER: TI certificc rould by les. shauld I	MEDICAL CEI	210 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 1210 TIME OF INJURY Month, Doy, Year HOUR AM HOUR AM 11 - 40PM. 8 - 4 19 GS RVTO - TRUCK CDLLISION CAUSE OF DEATH
¥ a % g g e /	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, at work in
:AL EXA execute ir. Page if for ya TOR: Pag		22a certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔲, Inquiry 🔲, and in my apmian
please ey director. IRECTOR		death resysted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED
EPU ssar fune ay b in		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)
TO D nece the 5 m	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (STOTE) BEMOYAL (Specify) 8/8/68 PIFACA OF (A) IT (A) IT (FINE A) TO TOWN (CITY) (STOTE)
VR A15ME (5)	24	AURERAL DIRECTOR ADDRESS ADD
10M REV 1/08	<u>Q</u>	A T. I Major of the formalle, Mr. a DATE



, . 1	1	MARYLAND STATE DEPARTMENT OF HEALTH
SOD STATE	11	1525 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH-DEPT.	1. 6	PECEASED NAME Type or Print) SHIRLEY ILENE SHAFFER 20. DATE KNOWN MONTH Day Year 2b HOUR OF ESTI- DEATH MATED 8 4 69 11:40 M
delay and 3 M3 P	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In yours IF UNDER 1 YEAR F JINDER 24 HRS 2c. DATE PROMOUNCED DEAD 2d. HOURS MIN Month Day Year 1968 12 PM
2, 2, Pp.	7a.	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED PINEVER MARRIED 9 COUNTY OF DEATH
arm, se De	(0)4	WIVA. U.S.Q. WIDOWED DIVORCED FREDERICK CO. Md
ve Poges 3 with far the State	10	THY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital like of work done give street oddress) 120 USUAL OCCUPATION (Kind of work done libb Kind of Business or during noise of working life even thretized) IND_STRY
after deat 8. Give Poc olong with with the Str eath.	120	USUAL RES DENCE (Where deceosed lived, if institution: Residence before 13c (ITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	0	dmiss on) STATE MARYLA 134 COUNTY CARROLL WESTMINSTER YES NO BY RFD. # 3
haur Item Office I and '	14, 1	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost
S S S		CLARENCE KIBLER DORA WRIGHT
the graph		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (11 yes give wor or doles of service) 213-36-7812 DAVID A. SHAFFER JR RED. #5 MD
is a win		18. CAUSE OF DEATH (Enter any one couse per line for (o), (b), and (c))
be executed "pending" in nief Medical E ansit permit.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Transacted Brain Stem
exe endi it pe		DUE TO, OR AS A CONSEQUENCE OF TO A DISCONSEQUENCE OF TO A DISCONSEQ
hief		rse to immed ate couse (a). (b) Fricture - Pistocation Courcal prine
should be e te ward "per a the Chief I burial-transit	1	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
sh y la the y la the la		dst
is certificate to, writing the forwarded to the used as a bremaval, and	- N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
certification orward used maya	CERTIFICATION	196. CONDITION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
this ate,	RTE	YES NO []
<u> </u>	MEDICAL CI	216 EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING HOUR AM. 8-41968 COLUMN CONTRIBUTION OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MIN The A short fill and fill materials	W	21d. INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, while not white factory, aff ca building, ext.) 21f LOCATION Street or R.F.D. No. City or Town County State
DICAL EXAMINER: ase execute the certi rector. Page 4 shauld ained for your files. RECTOR: Page 3 shoult ta burial, crematian,		at work Lat work Lat be Latwork Latvork Latvor
bical E se execu ector. Po ned for IECTOR: I		22a. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry . and in my apinion
please e director retained DIRECT or to bu		deoth resulted from: Notural couses, Accident 2 , Suicide, Hamicide, Undetermined monner
9 T F F F F		ACTUAL CHIEF MEDICAL EXAMINER (HIEF MEDICAL EXAMINER (SIGNATURE) 226, DATE SIGNED
ory, nerro be be Pr		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU
necessary, please extra fine funeral director. 5 may be retained to FUNERAL DIRECTOR Health prior to bur		NAME (Type) ADDRESS(Street, city, town, ar county)
10 10 10 10	230	BUR AL CREMATION, 23b DATE 23c NAME OF CREMETERY OF CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	24	SURPLET STORES ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR SIQUATURE.
VR A15ME (5) 10M REV /68()	-	L. E. myers. Jr. Watminter mil DATE AUG 8 1968 yellarles Judge
OM NEW YORK	4	



				D STATE DEPARTMENT OF F		
		11526		301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMUKE, MAKTLAND 21201	11734
(1)	1 DE	CEASED-NAME First	Middle	lost	20. DATE OF DEATH	2b. HOUR
offer deoth he funer ges 1 ane offer deoth	(1	ype or print) Amy	D.	Shook	Aug. Month 9 Day	68 Year 4:15 M
funer funer s 1 an	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	UNDER 1 YEAR IE UNDER 24 HRS.
off oges off		Female	White	June 16- 1	86 YRS.	ONTHS DAYS ROURS MIN
Thour offer in by he fur sec. Toges 1 72 hours offer	7a E	trv)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED	9. COUNTY OF DEATH	
	10.0	Md.	U.S.A. 11 NAME OF HOSPITAL OR INS	WIDOWED DIVORCED DIVORCED	Frederick AL OCCUPATION (Kind of work done	Md.
ed within pletely fill carbon pa		raddock Hgts.	give street address) * Vindobona C	onv & RestHome	ost of working life, even if retired.) Homemaker	12b KIND OF BUSINESS OR INDUSTRY
ecuted with completely ove carbor y event, wi		USUAL RESIDENCE (Where deceased ssian) STATE	lived, if institution. Residence before	13c CITY OR TOWN 13d INSIDE CITY I		
e executiond complete		Md.	Frederick	LIGGETTCK T		
ond rem	14.)	ATHER'S NAME First Adam	Middle Lost Theodore Blent	linger S	arah Adelaide	Murphy
te b ion iase	16a.	WAS DECEASED EVER IN U.S. ARMED				rederick-Md.
squires that the death certificate be executed with physician. signed by the attending physician and completely buriol-transit permit. Then please remove carbon burial, cremation, or removal, and in any event, with			or dates or service) 2211-10-111	45	. Shook-128 W. Chu	rch St.
ne death cer attending p permit. The		1B. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I	ane cause per line for (o), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
he death attendin permit.			CAUSE (a) VINCONCIA CO	10 nellal ball	1,	1-days
the at per		Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF	/		
hat n. y th unsit		rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF			
es t sicial ed b ol-tro		stating the underlying cause last.	(c)			
equires that the physician. signed by the c burial, crematio		PART 2 OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE PERMINAL DISEASE ORG	CONDITION GIVEN IN PART ((a),	
w re ling een the r to	NO.	Fir Y Dence	rakepet terle	reorderoper C	Dencely	
e lo Henc as b os prio		19a, DATE OF OPERATION 19b. CO	IND T ON FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FUNDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
or of the hor of the h	CERTIFICAT	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	YES NO K	I ar Part 2, Ite	m IR)
ICIAN: The low rei bital or ottending i tificate has been s d for use os the b of Health prior to b	DICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Day Year	*	Frontie at Bipsy serving and ture E, no	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use os the buriol-tras should be filed with the Stote Dept. of Health prior to burial, cre	ME	While Mat while m	ACE OF INJURY (AT HOME FARM, STREET, FAC	ORY.) 21f LOCATION Street or R.F.D No.	City or Town	County State
NG y the er the ote to			haspital) attended the decease	d from 1/28 . 196	3, to 8/9 19/	78 that (f) (we) last
NON By Park Park Park Park Park Park Park Park		saw the deceased aliv	/e an 7//5	d from / 28 , 19 @ 9 @ 2, and that in (my) (aur) api	inian death occurred on the date	and hour and from the
TOR TELEVISION TO THE TRANSPORT TO THE T		22b SIGNATURE	(I) (we) (d.d) (did rtat) view the l	ody after death.		TE SIGNED
OR /		Francesi	Of 1/1 Amaso	DEGREE PHYS D		• 10-1968
AL (oy boy by L (ov bogge) pagge a file		224 PHYSICIAN S	7.77.77.00-77	22e. ADDRESS		
SPIT 4 m VER/ Id by	_/		ames B. Thomas		rket St. Frederick	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon p should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	230	BURIAL (REMATION, 23b DA		TEMETERY OR CREMATORY vet Cemetery	23d LOCAT ON (City or Town) Frederick, Md. 2	(State)
	24	M.R. Etchison &	Son Frederic	K. Md. 21701 250 RECD B	Y REGISTRAR 256 REGISTRAR'S SI	GNATURE
30M REV 1		Wetternormann or	72000200	DATE AU	G 1 2 1968 pclis	ela Pula.









MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11530 CERTIFICATE OF DEATH 2b. HOUR Last 20. DATE OF DEATH First 1. DECEASED-NAME within 24 haurs after death. August 1968 (Type or print) Stitely Rosella Edna IF UNDER 24 HRS IF UNDER YEAR S. DATE OF BIRTH 6. AGE (In years 3. SEX 4. RACE Affled in by the family papers. Pages in thin 72 hours afte last brighday) OAYS HOURS 1893 white Nov. 21. female 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 🗔 country) Maryland Frederick U. S. WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working the even if retired.) Daysville Road Metely Libertytown Rural 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN requires that the death certificate be executed Daysville Road YES 😿 NO 🖂 Libertytown the attending physician and card sit permit. Then please remave Middle 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Stitely Rosella William Sappington Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) 2594B Wm. T. Stitely. Libertytown, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).

PART | DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Congestive BETWEEN ONSET AND DEAT Congestive myocardial failure years signed by the attendii burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Arteriosclerotic hypertensive C V D 10 year s rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 50 years Obesity PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been as the 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 NO IX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, SIREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City of Town Caunty State While Not while at work 22a. I certify that (I) (No. Kospata) attended the deceased from Sept. , 1955, to Aug. , 1968, that (I) (We) last saw the deceased alive an 2 Aug. 1968, and that in (my) (W. apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) with the view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) Walkersville, Maryland James E. Stoner. 23d LOCATION (City or Town) County GrateMd. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 235 DATE Chapel Cemetery Libertytown, Frederick, 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/66 & Spas /Libertytown, Millian AUG 7

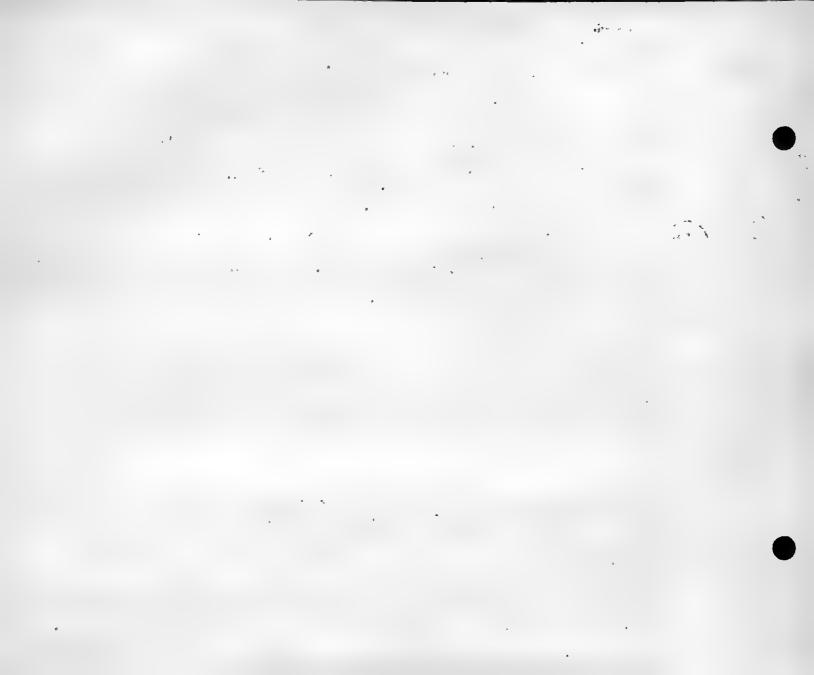


	ı			D STATE DEPARTMENT O		
4		11532	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEAT		39
£ = 5 €		CEASED-NAME First YPE or print) ROMA	Middle ARLENE	STUDY	2a. DATE OF DEATH Augustanth 31ay	1968 4"30 M
ter de	3 51	X	4 RACE	S DATE OF BIRTH	6 AGE (In years	F UNDER 1 YEAR F UNDER 24 HRS
y the Page	_	Female	White	April 30	1075 YRS.	ONTHS OAYS HOURS MIN
4 hou d in by pers. 72 hou	/o (an	BIRTHPLACE (Stote or foreign 77 Maryland	U.S.A.	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Frederick	Md.
be executed within 24 hours after and completely filled in by the ermove carban papers. Pages in ony event, within 72 hours of		TTY OR TOWN OF DEATH Frederick Count	y give streets tiver R	STITUTION (If not in hospital 120. Idurin	JSUAL OCCUPATION (Kind of work done of work of weeking its, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
uted w mplete re carb	13o odm	USUAL RESIDENCE (Where deceased ission) STATE Harvland	lived, if institution. Residence before 13b. COUNTY Frederick	Frederick YES		
exec emov emov	14.	FATHER S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAM		Last
p pe pe nd in nd in	1/-	William WAS DECEASED EVER IN U.S. ARME	Markoe D FORCES? 166 SOCIAL SECURITY I	Ada	Ba Address	ker
frifical or please val, or	100	(es, no pe unknown) (If yes give war	or dates of service) 214-10-2		Study Frederick.	
ath cending printing in the mo		1B. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI	ane cause per line far (a), (b), and (c) BY CALISE (a)	Pulmmary	eslema	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 3 C Min
h Je de atter		Conditions, if any; which gave)	DUE TO, OR AS A CONSEQUENCE OF	[+ 'n. 1.	End was	F 411 MA
that I un. by the ronsit		rise to immediate cause (a), stating the underlying cause	(b) CONSEQUENCE OF	ting Carper-s	ascula particular	3 ylaro,
uires nysicio med rial-t rial, c		last.	(<)	TOTAL TO THE TERMINAL SHEETS	OR COMPLETION OWEN BY BARY 1/-1	
r required by the property of	2	41 × 1	LIONS CONTRIBUTING TO DESTRI BUT M	OF RELATED TO THE TERMINAL DISEASE	OKCOMPISION GIACH IN LAKE 1(0)	
The taw attendia hos bee as the horior	CERTIFICATION	, .	ONDITION FOR WHICH OPERATION WAS PE		206 IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
IAN: 1 fol or ficate for us f Healt	ਤੋਂ	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		Enter nature of injury in Part 1 or Part 2, Ite	m 1B.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages Acare should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death	MEDI	(If either, not fy medical examine 21d INJURY OCCURRED While Nat while of wark	r) P.M. 35 LACE OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.		No. Crty or Town	County State
DING by th Witer if be de Stote		22a. I certify that (I) (this	haspital) attended the decease	ed from 1 ty 1	9 (c.2, to live 51, 19 a opinion death occurred on the date	that (I) (we) last
TTEN ained OR: / nould h the		causes stated above,	(I) (we) (did) (and not) view the	body after death.		
OR A DIRECT STREET STRE		22b. SIGNATURE ROY	T Davis	M.D. DEGREE PHYS		TE SIGNED 31-1968
PITAL I moy ERAL I Dag d be fill		22d. PHYSICIAN S NAME (Type) Dr. Le	Roy T. Davis	M.D. 220 ADDRESS 228 N.	Market St. Frederic	k. Maryland
HOS oge 4 FUN FUN directo	230	BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
2 ~ 2 ~ w		FUNERAL DIRECTOR	1-1968m Mount	Olivet Cemetery	Frederick Fred	
30M REV. 1/6	ź	· Carrie Vi	Sop Freder	rick Md. DASE	P 5 1968 25b. REGISTRAR'S SI	by Judge





11533		, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	_ 741
To BIRTHPLACE (Stote or foreign country) 10. CITY OR TOWN OF DEATH		THOMAS	2a. DATE OF DEATH	7 1968 3p:
3. SEX male	4. RACE white	s date of Birth May 12,	6. AGE (In years	F JNDER 1 YEAR F JNDER 24 HRS MONTHS DAYS HOURS MIN
70. BIRTHPLACE (Stote or foreign country) Virginia	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Freder	rick M
10. CITY OR TOWN OF DEATH Frederick	give street oddress) rederick	Memorial during	JAI OCCUPATION (Kind of work done nost of working wie eyen if ceticed.) ATMET—RECITED	126 KIND OF BUSINESS OR INDUSTRY
odmission) NATE Maryland	assed lived, if institution. Residence before 13b COUNTY Frederick	Mt.Airy YES N	Route #	
14 FATHER'S NAME First Jam 14 PAGE DECEASED SHEET IN 145			Lefler	Last
160 WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes are	225-30-5	850 Mrs. Laura	B. Thomas san	ne as # 13
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME		MONIA		BETWEEN ONSET AND DEATH
Conditions, if any, which gov), ((0)			
stating the underlying caus	~) (c)	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
CONCRA	260 BRTERISSC	LEROSIS	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
19a. DATE OF OPERATION 19 21o. ACCIDENT WAS UNDERLY	YING 21b, TIME OF INJURY EATH HOUR A.M. Month Day Yea		er nature of injury in Part 1 or Part 2	t, Item 18.)
4411110 14011 44111101	miner) P.M. Te. PLACE OF INJURY (AT HOME, FARM, STREET, F.) OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D. No.	a. City or Town	County State
22a. I certify that (I) (this hospital) attended the deceo- alive on (did) (and not) view the	sed from 17.6 , 19. 19.61, and that in (my) (sour) op	, to day 27, 1	9 6, that (I) (we) lo
226 SIGNATURE	readon LD	DEGREE PHYS		Cug 27, 1967
22d. PHYSICIAN'S G T	- 12/(00/cs, 74/)	070 100	LHOUSE AVE F	0
BURTAL		CEMETERY OR CREMATORY COSpect S 250, REC'D.	23d. LOCATION (City or Town) Frederick Co	(County) (State)
24 FUNERAL DIRECTOR C.M.Waltz,B	ox 241, Sykesvi	Sle Md. 250. REC'D	BY REGISTRAR 1968 REGISTRAR	S SIGNATURE



FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	
	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b. HOUR OF ESTI- DEATH MATED 8 22 1968 A
Page Page	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (in years if under 1 YEAR if under 24 HRS 2c. DATE PROMOUNCED DEAD 2d HOUR
2, and 3 PM3. Page	male white 6/22/1910 58 brinday) Months DAYS MIN Month 8 Day 22 Year 68
E 60	70. 8IRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
a draw a	Country laryland U.S.A. WIDOWED DIVORCED Frederick
death re Pages with fa the State	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	Rural Knoxville give street oddress) dur na most of working life aver the working life aver the worker
s after 18. Giv along with death.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER
rrs of 188. 189. 12 w 12 w	odmission) STATE Paryland COUNTY Frederick Knoxville YES NOX Rural Route# I
haurs Item 18 Office and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
2 5 6 2 3 8	John Franklin Thompson Rhoda Agnes Hoffma
pendl in 24 pendl in 24 continers	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or datas of service) 192-18-1346 Norman Thompson Knoxville.
¥ 8 × 6 × 2	
	18 CAUSE OF DEATH (Enter only one couse per lime for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
vecute iding: Medical Medical perm.t	IMMEDIATE CAUSE (a)
sex pend if M if M	Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF
Chie	rise to immediate couse (a), (b)
should be executed to ward "pending" is a the Chief Medical burial-terms to permit	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
7 m = 5 =	(6)
is certificate she, writing the farwarded ta the second se	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
certif writi grwar use	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
	WAS PERFORMED? YES NO
	190. DATE OF GPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. PRIMARY OR CONTRIBUTING HOUR A.M. 19 210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 211 OF LOCATION Street or R. F.D. No. (Chical Date of the Life of the Lif
NER: 1 e certific shauld t files 3 shauld atian, a	CAUSE OF DEATH P.M. 19
= a ≥ ≥ = = = = = = = = = = = = = = = =	置 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, white 内ので white how white ho
L EXA ecute Page for you R: Pagi	AT WORK LI AT WORK LI
9. 2 g g	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinior
Sic e e char char a bou	death resulted fram: Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🔲
please of director retained or to bu	ACTUAL PLAT O DO DATE CHIEF MEDICAL EXAMINER ON DAYS SIGNED
TY, ple eral di ser retr RAL D	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED
DEPUTY DICAL EXAM cessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page calth prior to burial, cren	EXAMINER'S Robert R.R. Roberts M.D. ADDRESS(Street, city, town, or county)
necessary, please extremely please extremely please extra the funeral director. S may be retained to FUNERAL DIRECTOR Health prior to buy	
5 - 4.5	236 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (Cry or Town) (County) (Store) REMOVAL Specify 8/21/68 Church ()f Brethern Cem. Samples Fanor R.d.
1	24 ANERAL DIRECTOR 2 ADDRESS 1250 REC'D BY REGISTRAR 2 SIGNATURE
VR ATSME ISH	Teeto tuneral Honor inswick, d. DATE AUG 2 6 1968 Kolianlas Under
10M REV 1758	THE MULTIPLE MURE MULTINE TO THE MULTIPLE MULTIP



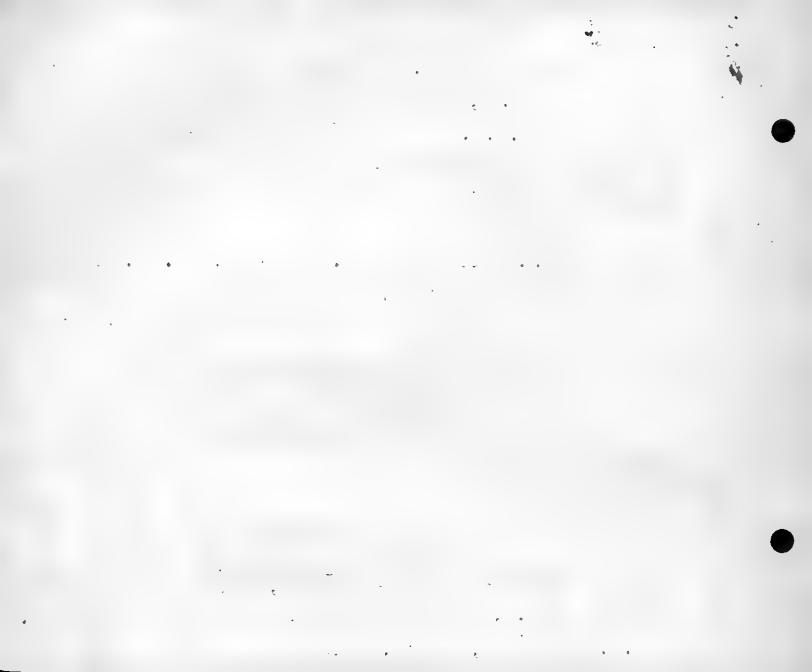
2/ 1]t	ems 18&22a Film 404 MARYLAND STATE DEPARTMENT OF HEALTH 10-68 ams Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	-43
FOR STATE		11535 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3.0
HEALTH DEPT		ECEASED NAME First Middle Last 2a. DATE KNOWNE Month Day Type or Print) OF ESTI-	y Year 2b HOUR
2, and 3 to PM3. Page		Charles David Thompson Death MATED And	26 19 68 6 M
9 9 9	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS 2C. DATE PRONOUNCED DEAD lost butthday) MONTHS DAYS HOURS MILK Manth Day	2d HOUR
P A d		Male Negre 11-9-1924 43 YRS 8 26	1968 6p M
- E	COUL	try)	
Peath State for	10 (1.00 01 100	. KIND OF BUSINESS OR
20 0/2 Z	<u>_</u>		USTRY SERVICES
offer d. 8. Give along w with the	13a	USUAL RESIDENCE (Where deceased lived, funstitution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
hours offe Item 18. G Office alon Iond 2 with	0	druss on) STATE Md 13b. COUNTY Fred Frederick YES 5 NO 1 421 Klinhert.	s_St
hours Item 1 Office Iond2 after d	14, F	ATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 noti in 1 niner's i pages 1 nours o	1/-		se y
thin 24 ancil in miner's pages nours		es. no. or unknown) (If we now were ardetes of service)	b Ob Day
file file	- 1/4	219-12-06684 Edma Thompson 423 Klinharts	APPROXIMATE INTERVAL
executed nding" is Medical permit.		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Acute myocardial infarction	BETWEEN ONSET AND DEATH
exected and in the many of the		MMEDIATE CAUSE (c) 100 DUE TO, OR AS A CONSEQUENCE OF	
"pe "pe Trief		Conditions, if any/which gave tise to immediate cause (a). (b) Arteriosclerotic heart disease	
rold ford only		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ICAL EXAMINER: Th's certificate should be executed within 24 hours ofter death execute the certificate, writing the word "pending" in pencil in Item 18. Give Begg for. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with ed for your files. CTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the Stalburiol, cremation, or removal, and in any event within 72 hours after death		(d) Probable Hypoglycemia, Insulin induced	
ficote ing 1t ded 1 ded 1 des 0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
certific veritir orward orward moval,	NOL	O	20 AUTOPSY?
forw forw forw forw	CERTIFICATION	WAS PERFORMED?	YES NO
MINER: Th's of the certificate, 4 shauld be four files. e 3 should be ur files.	188	21a EXTERNAL CAUSE WAS 21b TIME OF NJURY Manth, Day Yeor 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Item 1	
INER: shauld it files: 3 should	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
MIN the the rift mot	墨	21d INJURY OCCURRED 21e PLACE OF INJURY (At harne, farm, street), 21f LOCATION Street or R.F.O. No City or Town	ounty State
L EXA ecute Poge or you or you iol, cre		AT WORK AT WORK	
DEPUTY CLAL EXAMINER: seesary, please execute the cert funero, director. Page 4 shauld may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremot on,		22a certify that I took charge of the remains described above, held an Autopsy Inspect an, Inquiry,	and in my opinion
ny, pleose eyero director. Be retained a RAL DIRECTO Pror to bur		death resulted from: Natural couses 🖾. Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined monner 🗌	
pleose direction retains or to		ACTUAL ROBERT RR ROPERTS CHIEF MEDICAL EXAMINER CASSISTANT	IED IO IO
dary, nero, be be FRAI		DEPUTY MEDICAL EXAMINER A	26, 1968
TO DEPUTY necessary, I the funero 5 may be r TO FUNERAL Health pr		NAME (Type) RODERT R. R. RODERTS, M.D. ADDRESS(Street, city, town/ar county) Freds:	rick, Md
5 g t v 5 t v	23a	REMOVAL (Specify)	unty) (State)
		Surial 18-29-68 Fisirview Frederick Fr	
VR AISMELS T		ALIG 2 0 1968 4/Clione	la Quesar
10M REV 1™682	LC	E Hicks 111 Frederick Md Dale No 25 1000	1



<u>_</u>	1	MAI		AND STATE DEPARTME			A 4 P .
		11536	DIVISION OF VITAL RECOR			ARYLAND 21201	1.44
		11000		CERTIFICATE OF I	DEATH		
2 62		CEASED NAME First	Middle	Last	2a. DATE	OF DEATH	2b. HOUR
s after deoth. the funeral oges I ond 2	(1	ype or phot) CARL	ton Geor	GE VANE	MON	Manth 😝 Day	22 Year 68 1178 M
fruiter fer	3 SI	X	4, RACE	S. DATE OF BIR	RTH	6 AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
rs aff	L	MALE	WHITE		-26-85	82 YRS.	MONTHS DAYS HOURS MIN
Po Co		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARK	RIED 9. COUNTY		
五 是歌	L	TLL.	USA	<u></u>		FREDERI	
filled filled	10. (ITY OR TOWN OF DEATH	I I. NAME OF HOSPITAL O	R INSTITUTION (If not in hospital	12a USUAL OCCUPATION	ON (Kind of work done	12b. KIND OF BUSINESS OR
with with with with with	_	FREDERIC	give street gddress) FREDER	ICK HEMORIAL	ハー・ハー・ハー・ハー・ハー・ハー・ハー・ハー・ハー・ハー・ハー・ハー・ハー・ハ	on life even if retired)	INDUSTRY
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death stained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled a 20, the funeral should be detached for use as the burnal-transit permit. They pread amove carbon papers, Poses 1 and 2 into the State Dept. of Health prior to burnal, cremation, or removel and another within 72 mount after death	13a admi	USUAL RESIDENCE (Where deceases stan) STATE	ed lived, if institution: Residence bel	are 13c CITY OR TOWN	YES NO 13e	STREET AND NUMBER	md.
yuo u	14. [ATHER'S NAME FIRST	Middle Lo:	IS. MOTHER'S MA	IDEN NAME First	Middle	Last
8 6		Unkeur.					CURNEIL
ete (De du)	160	WAS DECEASED EVER IN U.S. ARA			/	Address	
		es, na, ocyankriawn) (Il yes give w	rar ar dates at service) 2/6-4/6	-8853 MRS. V.	AN Emani.	BEALISVII	1/e PNX
in of the central states of the central stat			ly one cause per line for (a), (b), and	(c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce attending permit. Th		PART I. DEATH WAS CAUSEI	O BY: ATE CAUSE (a) UT &	me			
de d		4121	DUE TO, OR AS A CONSEQUENCE				
the the sit punction	1	Canditians, if any, which gave)	m AST				
thot on. by throns rons	1	rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE				
The low requires the attending physicion has been signed by se as the buriol-tro the prior to burial, cre		stating the underlying cause ((c)				
equires physicic signed buriol-t burial, c		1 22 2	NDITIONS CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GI	VEN IN PART I(a)	
Tec ob ob	l	recent 1	moccadial into	A CONTRACTOR OF THE PARTY OF TH		. ,	
ndir bee bee	1 to	19a, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WA	S PERFORMED 20g. AUTOF	25Y? 120b.	IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The low ratending attending has been se as the h prior to	CERTIFICATION			YES 🗀		SES OF DEATH?	
F. The paragraph of the	E	21a ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		URRED (Enter nature of in	more in Part 1 or Part 2 1	Item IR)
fice for He	ਤੁ	OR CONTRIBLTING CAUSE OF DEAT	H HOUR AM Month Day 1	/eor	([
Spiretti o to	MEDICAL	(If either, natify medical examile 21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREE	T, FACTORY.) 21f EOCATION Street	tor P.F.D. No.	ity or Town	County State
G PHYSICIA the hospital this certifical detached fo e Dept. of H		While ☐ Nat whie ☐	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC	211 COCATION SHEET	TO NO.	/ /	esony state
Strage tegat	1		industrial attended the deci	eased fram 8/2/	(28.19 .to	8/25/60,19	, that (1) (we) last
Aft by Ste		saw the deceased a	is haspital) attended the deci	19 and that in (my	() (o m t opinian deat	occurred on the da	ite and haur and from the
pulo Sine the	1	couses stated above	e, (l) (we) (did) (did not) view	the body ofter deoth.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
A the Direction	1	22b SIGNATURE		ATTENDIN	G - MED -		DATE PIGNED / 2
OR ATTENI be retoined JIRECTOR: A e 3 should ed with the	1	U.V	earl	DEGREE PHYS.	DIRECTOR C	3 STAFF D 8	5/25/68
AL C		22d. PHYSICIAN S NAME (Type)		22e ADDF	RESS		
Page 4 may be retained by the hospital or attending physican. O FUNERAL DIRECTOR: After this certificate has been signed by the attending p director, page 3 should be detached for use as the bunal-tronsit permit. The should be filed with the State Dept. of Health prior to bunal, cremotion, or remo		MAME (19pe)					
HO Ge FUN FUN	23a	BUR AL CREMATION, 23b	DATE 23c NAME	OF CEMETERY OR CREMATORY		T ON (City or Town)	(Caunty) (State)
5 5 5 5 2 E	13	REMOVAL (Speufy)	1.26/68. Lee	CAEMATORY	WA.	Shinglow,	D.C.
VR A15 (4)	24	FUNERAL DIRECTOR	FUNERAL HADD	RESS	2Sa. REC'D BY REGISTRAR	2Sb REGISTRAR S	SIGNATURE
30M REV 1/68		300 4th)	St. N.C. W.A	ST. peter DC	DATE AUG 28 1	968 Jelian	ver judge



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		11537 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
НЕДЬТН ДЕРТ.		TEASED NAME First Middle Last 20 DATE KNOWN Month Doy Year 2b HOJR
7 9 % 5	f.	ype or Print) Charles E. Vetter DEATH MATED 8 3) 1968 . M
The state of the s	3 5	X 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PROMOUNCED DEAD 2d. HOUR
B B B E	A	Tale White Jan. 14,1896 72 yrs MONTHS DAYS HOURS MAN Month Doy Year 19 68 3 P-M
ny 2,2,	7a. f	IRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED DENEYER MARRIED 9. COUNTY OF DEATH
arra de D	taun	WIDOWED DIVORCED Frederick Md.
arth age th f		TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 SUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
haurs after death hay ellem 18. Give Pages 1, 2, qualities along with farm Phygnd2 with the State Depart after dimith		llow Springs Tellow Springs, Maryland dung material ife, even fretired NDLSTRY
Gong Grand	130	SUAL RES.DENCE (Where deceased led for institution residence before 13c City on TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
75 a 18. 18. 2 w d	a h	misson State Frederick Yellow Sprgs YES X NO [Yellow Springs
I haurs after lem 18. Gr Office alon		ATHER S NAME First Middle Lost 15. MOTHER S MAIDEN NAME First Middle Lost
4 m v		(Unknown)
ncil par nci		VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Frederick, Md
Examerile File		Yes (1 yes avg. or dollar ferrore) 211, 10 3503 Mrs. Frank Hoffman, 21 E. 7th. Street
ed in		18 CAUSE OF DEATH (Enter only one course per line for (a) (b) and (c)) . APPROXIMATE INTERVAL BETWEEN ON'SET AND DEATH
ing ing dice		PART I. DEATH WAS CAUSED BY MOCARDIAL INFRECTION
exe end mit pu		DUE TO, OR AS A CONSEQUENCE OF
hiel nons		Conditions, if any, which gave is to immediate cause (a) In UPSCULAR Discover use to immediate cause (a)
any		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should be executed no word pending to the Chief Medical burial transit permit in any event within		lost. (c)
d the point		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
tiffic ardina da	NO	190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY?
his certifica ate, wr ting e farwarde be used as remaval, c	S.	WAS PERFORMED?
This cate be for the formula f	CERTIF CAT.ON	7ES NO 21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter native of injury in Port 1 or Port 2, Hem 18.)
*= = =	₩.	PRIMARY OR CONTRIBUTING HOUR A.M.
NER: e cerr'shaul shaul files. 3 shou	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street). 21f. LOCATION Street or R.F.D. No. City or Town County State
XAMINER: te the certif ge 4 shauld yaur files. age 3 shouf cremation,		WHILE NOT WHILE AT WORK AT WORK AT WORK
ICAL E. executor. Page for ed for CTOR: Purial,		22a. I certify that I tack charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death cesulted fram. Natural causes, Accident, Suicide, Homicide Undetermined manner
please explease explanation of the burner of		
UTY Blass of person director be retained state DIRECTOR prior to but		ACTUAL CHIEF MEDICAL EXAMINER (CHIEF MEDICAL EXAMINER
ssary, F funeral ay be r NERAL		SIGNATURE 1
O DEPUTY necessary, the funera 5 may be 7 FUNERA Health pr		Robert J. Thomas, M.D. Frede Appril Street (Ly lown or gunly)
10 DEPUTY necessary, the funera 5 may be 10 FUNERA Health pr	230.	BUR AL CREMATION 23b DATE 23c NAME OF (EMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State)
F"		Burial Sept. 5,1968 Frederick Memorial Prk Frederick Frederick Md.
	24	FUNERAL DIRECTOR AND REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR SIGNATURE
VR A15ME (5) 10M REV. 176(M. R. Etchison & Son. Frederick, Maryland DAIL SEP 5 1968 Charles June
(120)	,	



	11533	DITISIO	Y OF VITAL RECORDS,	CERTIFICATE			21201	46
1.	DECEASED-NAME	First	Middle	Las	1	2o. DATE OF DEATH Month	Day Van	2b. HOUR
L	(Type or print)	aurica	Edward	Weeder		8	18 1968	1 **
3	SEX	4. RACE		S DATE	OF BIRTH	6. AGE (In lost birth	yeors IF LNOER I YEAR Idov) MONTHS OA)	
L	Male		Negfe	11	-11-1895	72	YRS. MONITS	J HOURS HIN
70	. BIRTHPLACE (Stote or fo	reign 7b. CITIZEN	OF WHAT COUNTRY?	8 MARRIED 1 NEV	ER MARRIED 7.	COUNTY OF DEATH		
	baslera	U.S.	A	WIDOWED [DIVORCED T	rederick		Md
10	CITY OR FOWN OF DEAT	Н	11, NAME OF HOSPITAL OR IN	STITUTION (if not in hos	pitol 120 USUAL C	OCCUPAT ON (Kind of w	ork done 12b KIND	OF BUSINESS OR
1	rederick		give street oddress) Frederic	k Memori	al Far	af warking life, even if	Fretired.) INDUSTRY 당근 중국문국문	(+3)
13	o. USUAL RESIDENCE (Who	ere deceosed lived, if	institutian: Residence befare	13c CITY OR TOWN	13d INSIDE CITY LIMITS	13e STREET AND N	UMBER	
uu	missian) STATE Mid	13b. CO	Frederic	Brunswi	CK YEX NO	48 W.	J.Street	
14	FATHER'S NAME FI	rst M	ddle Last	1s. MOTH	ER'S MAIDEN NAME First		Middle	Last
П	George	Henry	Weedon		Laura	Jane	Wood	
16	o WAS DECEASED EVER I	MILLS ADMED EUDICES	TAS SOCIAL SECURITY	NO. 17. INFORMA			Address	
7	Tes, no, or unknown;	(if yes give war or dates all se	215-20-9	989 Min	te B. Wee	den Brun	awick, Md	
	18 CAUSE OF DEATH	(Enter only one couse	per line for (a), (b), and (c)	.)			APPR GETWEE	DX MATE INTERVAL I ONSET AND DEATH
П	PART J. DEATH W	VAS CAUSED BY: IMMEDIATE CAUSE (c	Congestive	e Heart Fa	ilure			
Ł	4129	DUE T	O. OR AS A CONSEQUENCE OF					
L	Canditians, if ony, wh	nich gove)	o, or as a consequence of Cardiac Ar	rrhythmia				
П	nse to immediate co stating the underlying	DUE T), OR AS A CONSEQUENCE OF					
н	lost)	d ASHD & Pu	lmonary Em	physema and	d Fibrosis		
L	PART 2 OTHER SIGNIE	FICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE ORCON	DITION GIVEN IN PART 1	(o)	
] 2	= 1 + 1							
7470	190 DATE OF OPERATIO	IN 19b. CONDITION	OR WHICH OPERATION WAS P	RFORMED 20c	. AUTOPSY?		FINDINGS CONSIDERED IN	CERTIFYING
TIES					res 🔀 🛮 No 🗀	CAUSES OF DEATH?	Yes	
			TIME OF INJURY		RY OCCURRED (Enter no	oture of injury in Port 1	or Part 2, Item 18.)	
MEDICAL	G Contributing Contributing Contributing Contribution	(col exominer)		9				
1 2	21d. INJURY OCCURRE	D 214 PLACE OF II	JURY (AT HOME FARM, STREET, FA		Street or R.F.D. No.	City or Town	County	State
	While Not while of work		TOTTICE BUILDING, LIC.					
	22a. I certify tha	at (I) (this haspita) attended the deceas	ed from -1	, 1965	=, to &-18	, 19 <u></u> , th	at (I) (we) last
	saw the dec	eased alive an_	151/41-11	19.64, and that	în (my) (our) apînic	an death accurred (on the date and ha	ır and fram the
		ed abave, (I) (we)	(did) (did nat) view the	bady atter death.			DATE CIDILED	
	22b. SIGNATURE		0 -	DECORE A	TTENDING MED.	CTOR STAFF	22c. DATE SIGNED \$ -/9	(7)
	and britaining	mar L	× me		HYS DIRE	CTOR L PHYS.	0 79	76.2
L	22d. PHYSICIÁN'S NAME (Type)	n	Chana			Streat Fr	rederick, l	/Id
-		23b. DATE	220 1445 00	CEMETERY OR CREMA	-,	23d. LOCATION (City or		(State)
123	BURIAL, CREMATION, REMOVAL (Specify) BURIAL							,
	BUPLAL 4 FUNERAL DIRECTOR	8-21-6	ADDRES:		2Sq. REC'D BY R	Hepehill REGISTRAR - 125b. F	Frederic REGISTRAR'S SIGNATURE.	k Md
1		les 777 E	rederick, M		25a. REC'D BY R	"2" 3 " 1968" '	REGISTRAR'S SIGNATURE	udge_
	O DE DIE	VO TTT L	TOOSITORIN		Tonit		<u> </u>	



San	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	11538 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH BERT.	DECEMBER 12 DET MANUAL DE LES MANUEL
× ₽ ₽ ₹	(Type or Print): William B. Wigginton Death Mated August 21: 1968 ?
Page	SEX 4 RACE S DATE OF BIRTH 6 AGE (in years if LADDER I YEAR IF UNDER 24 MRS. 2c DATE PRONOUNCED DEAD 2d MR
delay and 3 M3. Pa rtment	Male White July 23,1914 54 YRS MONTHS DAYS HOURS MAN August 24 Year 1968 10:
PA PA	BIRTHPLACE (State or foreign 7b. C.T.ZEN OF WHAT COUNTRY? 8 MARRIED 9 COUNTY OF DEATH
TEP	West Virginia U.S.A. WIDOWED DIVORCED Frederick
E ga a	CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not an hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF
Top of In	Frederick 150 W. Patrick Street during most of working life, even if retired.) Everedy Co.
S = E	Ba. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CTY JMM. 15? 13e. STREET AND NUMBER
s after 18. Given 18. Given 2 with	"Mary land 13 Frederick Frederick VES IX NO I 150 W. Patrick Street
haurs Item 1 Office I and 2	FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle Last
	William B. Wigginton Isabelle Hollis
hin 24 ncil in niner's pages hours	NO WAS DECEASED EVER. N. S ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Hagerstown, Md.
	(Yes, no, or unknown) (If yes give wor or dates of service) 217 10 9335 Mrs. Martha Wigginton, 112 N. Potomac St.
f will Exar File	APPROXIMATE INTERVAL
be executed "pending" in ief Medical E insit permit. F event within	PART DEATH WAS CAUSED BY
e execut pending of Medic sit perm	DUE TO, OB AS A CONSEQUENCE OF
e e e e e e e e f A e f A sit	Canditions, if any, which gave)
Se de	rise to immediate couse (a),
ertificate should be e writing the ward "per warded to the Chief sed as a burjal-transit avo!, and in any ever	stating the underlying cause OUE TO, OR AS A CONSEQUENCE OF
ta t ta t bur	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)
s certificate si e, writing the farwarded to used as a bu emava!, and u	In a Cal My State Car Verlage to De de Kolance
certifi writing grward grward used c maval	10 ANY OF A POSITION
0 T B B E 1	WAS PERFORMED?
e at a	WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF IN. JRY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19
INE sho fife 3 sh atic	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 ZId. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Sta
(AMINER: te the cert te 4 should raur files. age 3 shou crematian.	WHILE NOT WHILE AT WORK AT WORK AT WORK
	220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apin
ICAL I exect for. Pour for CTOR:	death resulted fram. Natural causes Accident , Suicide , Homicide , Undetermined manner
ase rectained in the base to be to b	
TY, pler yy, pler prior y	ACTUAL Robert R R Roberts CHIEF MEDICAL EXAMINER 2700 DATE SIGNED 4 196
	The deviate Marie of
DEPUTY DECESSORY, p The funeral may be re FUNERAL Easth pria	EXAMINER'S NAME (Type) Debont D. D. Debont S. Frederick Manual Manual DESSI treet, cty, town, or county)
TO DEPUTY necessary, the funera 5 may be TO FUNERA! Health pr	NAME (Type) Robert R. R. Roberts Frederick, Mary Press (ty. lown, or county) 30 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
E	Burial August 27,1968 Mount Olivet Cemetery Frederick Frederick Md.
	4. FUNERAL DIRECTOR ADDRESS FERENCE 250 REGISTRAR 250 REG STRARS SIGNATURE
VR ATSME (5)	A FUNERAL DIRECTOR Double 77, ADDRESS For RECD BY REGISTRAR S SIGNATURE AUG 28 1968 GUIANES SUBMITTED AUG 28 1968

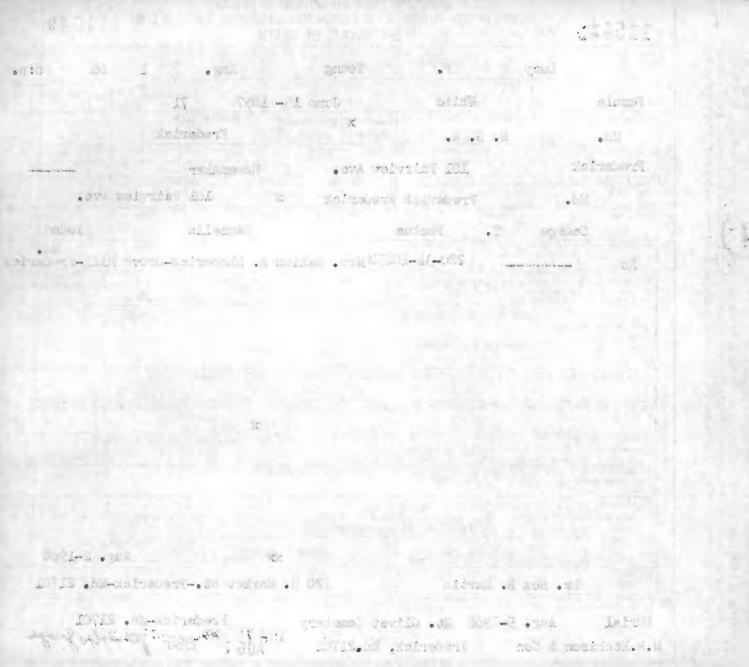


. 1	MARTIAND STATE DEPARTMENT OF HEALTH
	11540 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
	1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 22. DATE OF DEATH STORY SPORT S
	3 SEX Male A RACE S DATE OF BIRTH A 6. AGE (In years let under 24 HRS. March 9 1881 ST YRS. WONTHS DATS HOURS MAN.
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED OF COUNTY OF DEATH LOUNTRY) COUNTY OF DEATH WIDOWED DIVORCED FOR STATE OF STATE O
÷	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working life even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even if retired) 12 Lindburger
	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before deceosed lived, if institution Residence before deceosed lived, if institution Residence before law of the lives
,	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Sayah Tita Drawn
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Thinks give were or dates of service) 218-14-3135 To ack William C. Processin Co. mo.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congestive heart failure acute 3 cmm
	Conditions, if only, which gove by the following the follo
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)
	PART 2 OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) The Chole contition with Chole lethings and obstractive James
	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 200. AJOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INLURY 1216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Item 18.)
	G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19 19
	While Norwhile of work of work
	22a I certify that (1) (this haspital attended the deceased from 1962, 1962, to 1962, to 1962, that (1) (we) la saw the deceased alive an 1962, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death.
	Jenny V. Chase Degree Phys Director Director Brys Director Brys Director Brys Director Brys Director Brys Director Direc
	22d. PHYSICIAN'S NAME (Type) Henry V. Chase 804 Tall House Froderick Md
	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (Cly or Town) (County) (Stote) REMOVAL (Specify) 8/31/68 Monocacy Bealtwille Monta. Md 24 FUNERA DIRECTOR 250 REC'D BY REG STRAR 25b REGISTRAR 5 SIGNATURE
10	Helton Funeral Home Barnesville MoteSEP 4 1968 Illiantes Judge



		EASED-NAME First De or print)	ucy a/k/	/a Louise	You	last ing		DATE OF DEATH	lonth 1 Doy	68 Year	2b. HOUR 62 p.
3.	SEX		4. RACE		5	DATE OF BIRTH		16 AG	E (In years	IF UNDER 1 YEAR MONTHS I DAYS	IF UNDER 24 HRS. HOURS MIN.
		Female		White		June 15-		-	YRS.	MONTHS! OATS	HOOK2 MIKE
76	o. Bl	RTHPLACE (Stote or foreign		WHAT COUNTRY?		NEVER MARRIED		NTY OF DEATH			
10	2 (1	Md. Y OR TOWN OF DEATH		S. A. NAME OF HOSPITAL OR IN	MIDOWED CONTROLLER			rederi	of work done	12b. KIND OF	N STREET
1	2. CI	Frederick	gi	ve street ddress Tair	view Ave	duri	ing most of w	orking life, e	ven if retired.)	INDUSTRY	OSINESS OK
		SUAL RESIDENCE (Where dece	ased lived, if insti	tution: Residence before	13c CITY OR T	DWN 13d. INS10	E CITY LIMITS?	13e. STREET A	ND NUMBER		
0	dmis	ion) STATE Md.	13b. COUNTY	Frederick	Frederi	.ck YEST] NO []	101 F	airview	Ave.	
ī	4. F/	THER'S NAME First	Middle			MOTHER'S MAIDEN N.			Middle		last
		Georg					Manz	zella		You	ng
1	6a. Y€	NAS DECEASED EVER IN U.S. Al	RMED FORCES? war or dates of service)	16b. SOCIAL SECURITY		ORMANT Mahlon	T Dhe	adomi al	Address	W477_E-	Md.
F			. 1		COC MIL	• Mainton			C-arove	APPROXIA	ATE INTERVAL
		8. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	ED BY:	10 -1-).)	0.49	for ye	1/1	-	BETWEEN OF	SET AND DEATH
		IMMED .	DIATE CAUSE (o)	alenos	elevolt	e Kreent d	rouse	unu	acuto M	Morand.	- 11
н	4	Conditions, if any, which gove	1)	R AS A CONSEQUENCE OF					Janes	y .	- willing
		rise to immediate cause (a) stoting the underlying cause	DUE TO, O	R AS A CONSEQUENCE OF							
		est.	(c)_				4				
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRI	BUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL DISEAS	SE OR CONDITIO	ON GIVEN IN PA	ART 1(a)		
	<u>ج</u> ا	4201									
2	STIFICA			WHICH OPERATION WAS P		_	NO 📆	CAUSES OF DE		- but	RTIFYING
	정	IT a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF O If either, natify medical exam	TATH HOUR A.		21c. HOV	INJURY OCCURRED	(Enter nature	of injury in P	art 1 or Port 2, 1	tem 1B.)	
		21d. INJURY OCCURRED 21 While Not while 1 If work of wark	e. PLACE OF INJUR	Y (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOC	ATION Street or R.F		City or Tov		County	State
		n work of wark								AV shad	(1) (we) lo
		220. I certify that (1) (this hospitol) o	ittended the deceo:	sed from 2	- 2-7	195,	to	- , 19_	10 A , 11101	and frame
		220. I certify that (1) (this hospitol) of olive on	ottended the deceo:	sed from 2 1963, ond body ofter de	thot in (my) (ou	r) opinion d	to	red on the do	te ond hour	and from t
		220. I certify that (1) (this hospitol) c olive on— ve, (I) (we) (di	attended the deceo	sed from 2 1963, ond body ofter de	oth.			22c. D	DATE SIGNED	
		220. I certify that (1) (sow the deceased couses stated abo 22b. SIGNATURE	this hospitol) of olive on ve, (I) (we) (di	d) (did not) view the	sed from 2 1963, ond body ofter de	oth. ATTENDING PHYS.	MED. DIRECTOR	STAF PHY	22c. C	DATE SIGNED	68
The second secon		220. I certify that (I) (sow the deceosed couses stated about the state of the sta	this hospitol) of olive on ve, (I) (we) (di	d) (did not) view the	body ofter de	oth. ATTENDING PHYS.	MED. DIRECTOR	STAF PHY	226. 0	DATE SIGNED	68
+		220. I certify that (I) (sow the deceosed couses stated about the state of the source	ve, (l) (we) (di	d) (did not) view the Nation Aartin 23c. NAME OF	body ofter de	ATTENDING PHYS. 22e, ADDRESS 220 N • 3	MED. DIRECTOR Market 23d.	StF)	S. 22c. C Au	DATE SIGNED 1g · 2-15 (Caunty) 21 701	68

MAKTLAND STATE DEPAKTMENT OF MEALIN



requires that the deoth certificate be executed within

Page 4 may be retained by the hospital or attending physicion.

IT ofth ? medayon with winds Smith to the second of the sec of frederil . Leading of the control there started . VOS 2 Moirous sections suppose Mound in - T disassa 376 lone U. perpand Charactan, dr., 1.0, Letterica de. LOVE STATE OF THE SECOND SECON . Cardion H. Cultury, Cr. J. Latter Arrows, The Birth, J.C. ended Jones V. (See Louis (119st Greenry New mice Protested: 16. a. a. Abaldean cour. red vice, a. 1957 1856 Miles Par Junger